

**The Bureau Milwaukee of Child Welfare
Qualitative Service Review
Conducted October 16 – October 27, 2006**

**Review Conducted by:
Wisconsin Division of Children and Family Services**

Report Issued December 15, 2006

Acknowledgements

The review team expresses its appreciation to the Bureau of Milwaukee Child Welfare, its partners and community members who contributed to the collection of information contained in this report.

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Executive Summary

In 2005 The Division of Children and Family Services selected a new method of assessing the performance of its operations by adopting a quality assurance process called The Qualitative Service Review process (QSR). This process involves the selection of a small sample of cases in a county that are reviewed through detailed interviews by trained reviewers with each person involved with the case. Those team members include individuals such as the caseworker, foster parent, child and family, legal partners, providers and others who are materially involved in the case. Reviewers use a structured protocol to guide their inquiry and determine the current status or outcome for the child and the quality of practice contributing to that outcome. This appraisal yields an acceptability score that can be aggregated with other case scores to provide a quantitative score for the locality being reviewed. Milwaukee was the seventeenth Wisconsin county reviewed using this approach.

In 2006 the Bureau of Milwaukee Child Welfare and the Division of Children and Family Services began exploring the possibility of utilizing the QSR in Milwaukee. The Bureau convened a work group of community partners to consider the possibility of using the QSR approach and it spent several months analyzing the process and examining its potential to improve system performance in Milwaukee.

The work group recommended that the QSR approach be adopted for use in Milwaukee and asked that the review begin before the end of 2006. The following summary describes the findings of the initial Milwaukee Qualitative Service review, conducted during the weeks of October 16 and October 27, 2006.

Twenty-four cases were reviewed, eight from each of the three regions. In each region, three safety services cases and five ongoing case management cases were reviewed. All cases were selected randomly. The review process is organized around analysis of two areas of system functioning. The first is child and family status, regarding current outcomes among indicators such as safety, stability and permanency. The second is system performance, or the practice in which the system is engaging to achieve outcomes, such as family engagement, assessment and planning.

In addition, interviews were conducted with thirty-one stakeholder groups, representing Bureau staff, providers, foster parents, legal partners and others.

Bureau of Milwaukee Child Welfare Performance

In committing to conducting a Qualitative Service Review, the Bureau and its partners understood that the QSR sets a high standard for performance and that systems undertaking their first review routinely do not score highly. The QSR is essentially a new test in some areas, for which organizations have not been prepared to perform.

It its initial review, the Bureau performed surprisingly well for an initial review, surpassing many other systems at this stage. The review also found that the Bureau faced challenges in some areas, consistent with those found among all public child welfare systems measuring performance with the QSR. The strengths and challenges are summarized below:

Child and Family Status

Strengths

Safety
Stability
Physical Well-Being
Emotional Well Being
Learning and Development
Out-of-Home Caregiver Functioning

Challenges

Permanency
Family Progress Toward Independence

System Performance

Strengths

Engagement
Coordination
Tracking and Adjustment
Support Availability
Cultural Accommodations

Challenges

Assessment
Planning
Long-Term View

Regarding challenges, the two areas of child and family status and three areas of system performance referenced above are “lagging indicators” in all systems, meaning they tend to represent the greatest challenge initially and are the last indicators to improve. The full report discusses this characteristic more fully and provides a comparison of Milwaukee scores with those of other systems.

In Wisconsin, QSR data are reported in a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement Zone, meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone, meaning that status/performance range from minimally unacceptable to minimally acceptable and that interventions need refinement if case outcomes are to be achieved. Scores of 5-6 are combined in a band identified as Maintenance Zone meaning good to excellent status/performance and that current efforts should be maintained

The scores on child and family status and system performance in the Milwaukee review are presented below.

Child Status Safety and Permanency			
	Improvement Zone	Refinement Zone	Maintenance Zone
Risk of harm: home setting	4%	17%	79%
Risk of harm: other settings	0%	21%	79%
Stability: home	4%	21%	75%
Stability: school	0%	35%	65%
Permanency	17%	42%	42%
Living arrangements: home setting	4%	17%	79%
Living arrangements: group setting	0%	100%	0%

Child Status Well-Being			
	Improvement Zone	Refinement Zone	Maintenance Zone
Physical well-being	0%	13%	87%
Emotional well-being	4%	50%	46%
Functional status	0%	46%	54%
Behavioral risk	4%	38%	58%
Learning & development	13%	29%	58%

Child Status Family Caregiver			
	Improvement Zone	Refinement Zone	Maintenance Zone
Safety of the caregiver: home	0%	22%	78%
Safety of the caregiver: community	4%	0%	96%
Family functioning & resourcefulness	20%	35%	45%
OOH caregiver functioning: caregiver	0%	0%	100%
OOH caregiver functioning: congregate	0%	0%	100%

Child Status Family Interactions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Mother	29%	36%	36%
Father	50%	25%	25%
Siblings	43%	21%	36%

Child Status Progress Towards Independence			
	Improvement Zone	Refinement Zone	Maintenance Zone
Family of origin	20%	47%	33%
Guardianship/Adoption	14%	29%	57%
Older youth	40%	20%	40%

Practice Performance Engagement			
	Improvement Zone	Refinement Zone	Maintenance Zone
Child/Youth	7%	36%	57%
Mother	0%	61%	39%
Father	56%	44%	0%
Caregiver	0%	14%	86%

Practice Performance Core Practice Functions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Coordination	0%	50%	50%
Team Formation	8%	50%	42%
Team Functioning	8%	54%	38%

Practice Performance Core Practice Functions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Overall assessment & understanding	13%	38%	50%
Safety assessment & understanding	8%	38%	54%
Long-term view	21%	42%	38%

Practice Performance Core Practice Functions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Overall planning	13%	50%	38%
Safety planning	13%	33%	54%
Implementation	4%	46%	50%
Tracking & adjustment	4%	38%	58%

Practice Performance Conditions & Attributes			
	Improvement Zone	Refinement Zone	Maintenance Zone
Cultural accommodations	0%	23%	77%
Support availability	4%	33%	63%
Family supports	5%	50%	45%
Caregiver supports	0%	14%	86%
Transitioning	13%	60%	27%

Overall Patterns			
	Improvement Zone	Refinement Zone	Maintenance Zone
Overall Child & Family Status	4%	46%	50%

Overall Practice Performance	4%	54%	42%
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In the few cases where the reviewers identified the need for immediate action to address urgent challenges, the Bureau followed up with the child and family without delay during the week of the review.

Stakeholder Interviews

This review involved the greatest number of stakeholder interviews of any review conducted by The Child Welfare Policy and Practice Group, which has led reviews in fourteen different states. Stakeholders reported a number of common themes, which are highlighted below. A more detailed description of stakeholder comments is found in the Appendix.

Bureau Strengths

- Bureau performance has improved compared with past years
- Caseloads are lower and more manageable
- There is a strong focus on safety and permanency in the Bureau and the court
- A broad array of resources is available
- Staff turnover has declined
- Performance relative to the Settlement Agreement has improved
- Safety Services are a valuable resource
- The Workforce Study is being implemented
- Technology is more available to staff
- The use of Coordinated Service teams is improving case practice
- The use of the Service Implementation Hearing has sped up service provision

Bureau Challenges

- Case managers would like to be treated more respectfully by legal partners
- Scheduling delays in court delay permanency for some children
- Some providers need to give more attention to practice quality
- There remain some types of services that are difficult to access
- In some cases, the number of conditions (tasks) required of parents in court orders is overwhelming

Recommendations

Five areas were addressed among the recommendations for practice improvement made in the report. These are:

1. The Coordinated Service Team process is improving coordination and team functioning on ongoing cases. It could be strengthened by consistently involving all team members in team meetings and by continuing to improve the process of facilitation and family involvement.

2. Assessment, Planning and Long-Term View would be improved by additional attention to training, coaching and mentoring of staff in these areas.
3. Strengthen permanency and family functioning and resourcefulness. This could be addressed by finding solutions to delays and continuances that lengthen the court process and by strategically selecting those conditions for which parents are held responsible.
4. Formalize an explicit, integrated Model of Practice that helps guide system design and front-line practice. There appears to be a general understanding in the field of the Bureau's philosophy of practice. Practice could be strengthened by adoption of a more formal description of the model.
5. Two areas for further study were identified:
 - Shortening the time frame for the Bureau's report to the court to extend the CHIPS order, which is now ninety days in advance of the court hearing, to a briefer period that makes the report more current.
 - Review policy regarding the disposition of unsuccessful safety services cases to ensure that there is clarity among the work force regarding the best process for achieving child safety in these cases.

The Bureau of Milwaukee Child Welfare Qualitative Service Review Conducted October 16 – October 27, 2006

I. Introduction and Background

In 2005 The Division of Children and Family Services selected a new method of assessing the performance of its operations by adopting a quality assurance process called The Qualitative Service Review process (QSR). This process involves the selection of a small sample of cases in a county that are reviewed through detailed interviews by trained reviewers with each person involved with the case. Those team members include individuals such as the caseworker, foster parent, child and family, legal partners, providers and others who are materially involved in the case. Reviewers use a structured protocol to guide their inquiry and determine the current status or outcome for the child and the quality of practice contributing to that outcome. This appraisal yields an acceptability score that can be aggregated with other case scores to provide a quantitative score for the locality being reviewed.

In 2006, the Bureau of Milwaukee Child Welfare and the Division of Children and Family Services began exploring the possibility of utilizing the QSR in Milwaukee. The Bureau convened a work group of community partners to consider the possibility of using the QSR approach and it spent several months analyzing the process and examining its potential to improve system performance in Milwaukee.

The work group recommended that the QSR approach be adopted for use in Milwaukee and asked that the review begin before the end of 2006. The list of work group members is found in Attachment I of this report.

The Bureau was reviewed during the weeks of October 16 and October 27, 2006. Milwaukee is the seventeenth Wisconsin county reviewed using this approach.

II. The Qualitative Service Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records and determining if deadlines were met. Quantitative evaluation methods have also been a primary approach for reviewing the performance of the Bureau of Milwaukee Child Welfare. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that significantly informs the strategies for strengthening frontline practice.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative, process-oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now common, not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the system performance essential to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

Process Measures	Qualitative Measures
Is there a case assessment on file?	Does the team understand why the child’s aggressive behaviors are escalating?
Was the case plan signed by the parents?	Do the parents feel like they had meaningful input into the plan?
Is the child receiving therapy?	Is the child’s emotional and behavioral functioning at home, school and other life domains adequate?

The QSR was developed by Human System and Outcomes, Inc., in collaboration with staff of the Alabama child welfare system, where it was used to assess the quality of practice in the R. C. Consent Decree. Wisconsin has developed its own version of the QSR, adapting it from protocols used in other systems in the country. The Wisconsin version reflects the unique features of the State’s system. The QSR process is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders and providers.

The protocol is not a traditional measurement designed with specific psychometric properties. The QSR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, mental health providers, caseworkers and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

In Wisconsin, QSR data are reported in a simplified manner that bands scores into three groups. Scores of 1-2 are combined in a band identified as Improvement Zone, meaning that status/performance is poor and worsening and that immediate attention is needed to improve the case. Scores of 3-4 are combined in a band identified as Refinement Zone,

meaning that status/performance range from minimally unacceptable to minimally acceptable and that interventions need refinement if case outcomes are to be achieved. Scores of 5-6 are combined in a band identified as Maintenance Zone meaning good to excellent status/performance and that current efforts should be maintained

The Wisconsin QSR instrument assesses child and family status issues and system performance in the following discrete categories.

Child and Family Status Indicators	System Performance Indicators
Risk of Harm a. Home b. Other Settings	Child and Family Engagement
Stability a. Home b. School	Coordination
Permanency	Family Teamwork Formation/Functioning
Appropriateness of Living Arrangements a. Home Setting b. Group Setting	Assessment a. Overall b. Safety
Physical Health	Long-Term View
Emotional Well-Being	Planning a. Overall b. Safety
Functional Status	Implementation
Behavioral Risk	Tracking and Adjustment
Learning and development	Cultural Accommodations
Safety of Caregiver a. Home b. Community	Support Availability a. Family b. Caregiver
Family Functioning and Resourcefulness	Transitions
Out-of-Home Caregiver Functioning a. Caregiver b. Congregate	
Family Interactions	
Progress a. Family of Origin b. Guardian/Adoptive Caregiver c. Independence – Older Youth	

The fundamental assumption of the QSR model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual

that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently or have recently been unsafe or at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

The QSR, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QSR will be presented in the form of aggregated information. The reviewers also produce written case stories at the conclusion of the set of interviews done for each case. The stories are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress and as illustrations to put a “human face” on issues of concern.

The QSR in Context













Before the QSR performance of Milwaukee is presented in the report, this section will present performance tables from other systems in the country for comparison.

The following table describes system performance for a large, urban city in the south, where poverty and multi-cultural issues are significant. This table reflects the fourth year of QSR reviews and shows a system still struggling with performance. Percentages reflected in this system reflect the percent of cases scoring acceptable (4-6) vs. those scoring unacceptable (1-3).

Indicator	2006	2005	2004	2001
Child/Family Engagement	59.2%	54.3%	70%	43%
DCF Engagement/Support	85.7%	77.1%	74%	43%
Service Team Functioning	24.5%	34.3%	39%	33%
Service Coordination	53.1%	45.7%	48%	45%
Functional Assessment	32.7%	42.9%	26%	29%
Long-Term View	28.6%	28.6%	39%	21%
Service Planning Process	32.7%	25.7%	26%	21%
Resource Availability	83.7%	60%	83%	55%
Implementing Services	61.2%	45.7%	43%	31%
Family Support Network	60.9%	48.5%	61%	50%
Maintaining Family Connections	57.9%	71.4%	92%	43%
Dependency Court Interface	67.4%	88.5%	80%	43%
Successful Transitions	46.7%	35.3%	48%	43%
Monitoring and Modification	51%	42.9%	52%	43%
Effective Results	61.2%	60%	61%	40%
Overall System Performance	49%	45.7%	52%	38%

Note: The scores in the prior table declined in some areas between 2004 and 2005. This is because the small sample used in 2004 was not stratified by placement type, at the request of the system. This resulted in a disproportionate number of cases falling in the in-home placement category in the random sampling process, representing children whose needs as a group were less challenging than children in out-of-home care. In 2005, the sample was larger and stratified by placement type, making it more representative of the universe of children. Scores then fell.

Also, Utah's performance is provided for the Salt Lake Region. This large urban county is part of a statewide, litigation driven reform where a fully articulated and implemented model of practice has produced significant improvements in system performance over time.

Salt Lake Region System Performance - Combined									
	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators		FY02	FY03	FY04	FY05	FY06
			Exit Criteria 85% on overall score						Current Scores
Child & Family Team/Coordination	53	18		75%	35%	54%	78%	80%	75%
Functional Assessment	49	22		69%	33%	54%	71%	52%	69%
Long-term View	40	31		56%	32%	41%	70%	54%	56%
Child & Family Planning Process	48	23		68%	49%	60%	75%	72%	68%
Plan Implementation	56	15		79%	57%	71%	87%	86%	79%
Tracking & Adaptation	53	18		75%	57%	57%	83%	77%	75%
Child & Family Participation	57	14		80%	44%	62%	78%	80%	80%
Formal/Informal Supports	57	14		80%	74%	83%	94%	94%	80%
Successful Transitions	47	20		70%	49%	64%	81%	68%	70%
Effective Results	58	13		82%	67%	73%	88%	82%	82%
Caregiver Support	44	3		94%	91%	98%	98%	92%	94%
Overall Score	54	17		76%	49%	59%	86%	83%	76%
			0% 20% 40% 60% 80% 100%						

Last, the system performance for a Wisconsin County that has completed a QSR review is included. While this county is small, its system performance offers another point of reference for the analysis of performance in Milwaukee. Like the Milwaukee charts, this review employs scores that are banded, so percentages relate to scores in the improvement, refinement and maintenance categories, rather than acceptable vs. unacceptable.

Practice Performance Engagement			
	Improvement Zone	Refinement Zone	Maintenance Zone
Child/Youth	0%	75%	25%
Mother	14%	57%	29%
Father	57%	14%	29%
Caregiver	0%	50%	50%

Practice Performance Core Practice Functions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Coordination	0%	29%	71%
Team Formation	14%	0%	86%
Team Functioning	0%	57%	43%

Practice Performance Core Practice Functions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Overall assessment & understanding	0%	71%	29%
Safety assessment & understanding	0%	29%	71%
Long-term view	0%	86%	14%

Practice Performance Core Practice Functions			
	Improvement Zone	Refinement Zone	Maintenance Zone
Overall planning	0%	71%	29%
Safety planning	0%	43%	57%
Implementation	0%	71%	29%
Tracking & adjustment	0%	43%	57%

Practice Performance Conditions & Attributes			
	Improvement Zone	Refinement Zone	Maintenance Zone
Cultural accommodations	0%	0%	0%
Support availability	0%	43%	57%
Family supports	0%	43%	57%
Caregiver supports	0%	22%	78%
Transitioning	0%	60%	40%

Overall Patterns			
	Improvement Zone	Refinement Zone	Maintenance Zone
Overall Child & Family Status	0%	71%	29%
Overall Practice Performance	0%	71%	29%

Comparisons with Milwaukee scores can be made by reviewing the System Performance scores, which begin on page 18.

In reviewing this report, it is important to recognize that the QSR protocol sets a very high standard for performance in what it measures. For all states beginning this process, initial baseline scores are low, especially regarding System Performance. It is not uncommon for many System Performance scores to be below forty percent acceptable. Assessment, teaming, planning and long-term view scores most commonly score the lowest. Regarding Child and Family Status, stability, permanency, emotional well-being and family functioning usually earn the lowest scores. The strength of this approach is that it helps reveal where and how system improvement efforts can be directed. Over time, results have shown that practice and outcomes can be significantly improved when these areas are addressed strategically. This report offers guidance on the means to strengthen outcomes and performance, leading to the reflection of that improvement in QSR scores.

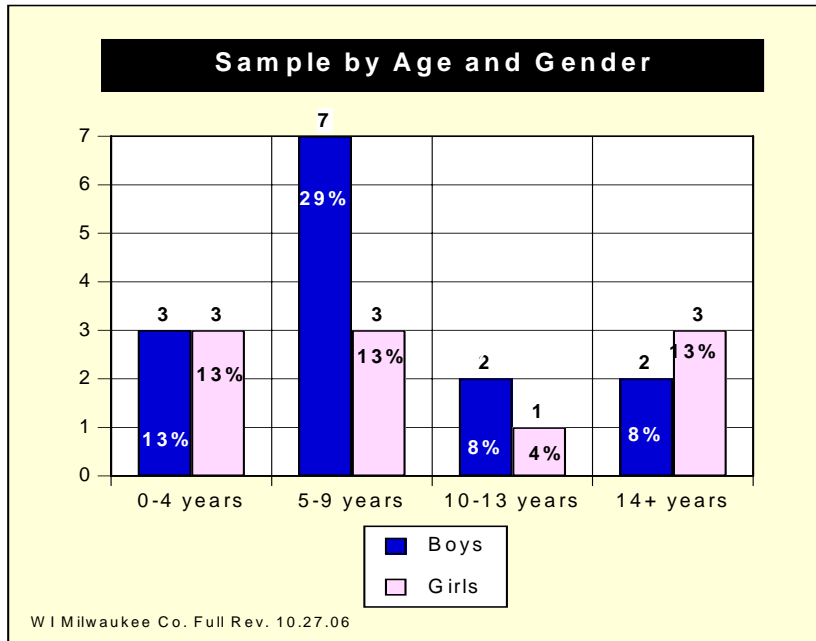
III. Methodology

The review sample consisted of 24 cases, including 3 in-home safety services cases and 5 ongoing case management cases from each of the three regions. The case universe was

stratified to distribute cases proportionately by age and gender. Cases were selected randomly from these strata.

Reviewers included a combination of State level CQI staff, certified State and County reviewers and staff from the Iowa child welfare system experienced in the QSR process. The review was conducted over a two-week period, from October 16 through October 27.

The age and gender of the sample was distributed as follows:



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IV. Stakeholder Interviews

The review team conducted stakeholder interviews with thirty-one different groups. Included in the interviews were representatives of the following organizations and units:

- Ongoing Case Managers in Each Region
- Ongoing Supervisors in Each Region
- Safety Services Case Managers in Each Region
- Safety Service Supervisors in Each Region
- Initial Assessment Social Workers and Supervisors
- CEO's and Managers in Each Region
- Service Providers
- Foster and Adoptive Parents
- Legal Partners (Judges, District Attorneys, GAL's Public Defenders, Private Bar Attorneys)
- CASA Representatives

BMCW Management team
Adoption Caseworkers and Managers
Licensing Caseworkers and Managers

Focus group meetings were also scheduled with a group of youth in foster care and a group of parents served by the system, but none attended either.

A summary of these interviews can be found in Attachment II of the report.

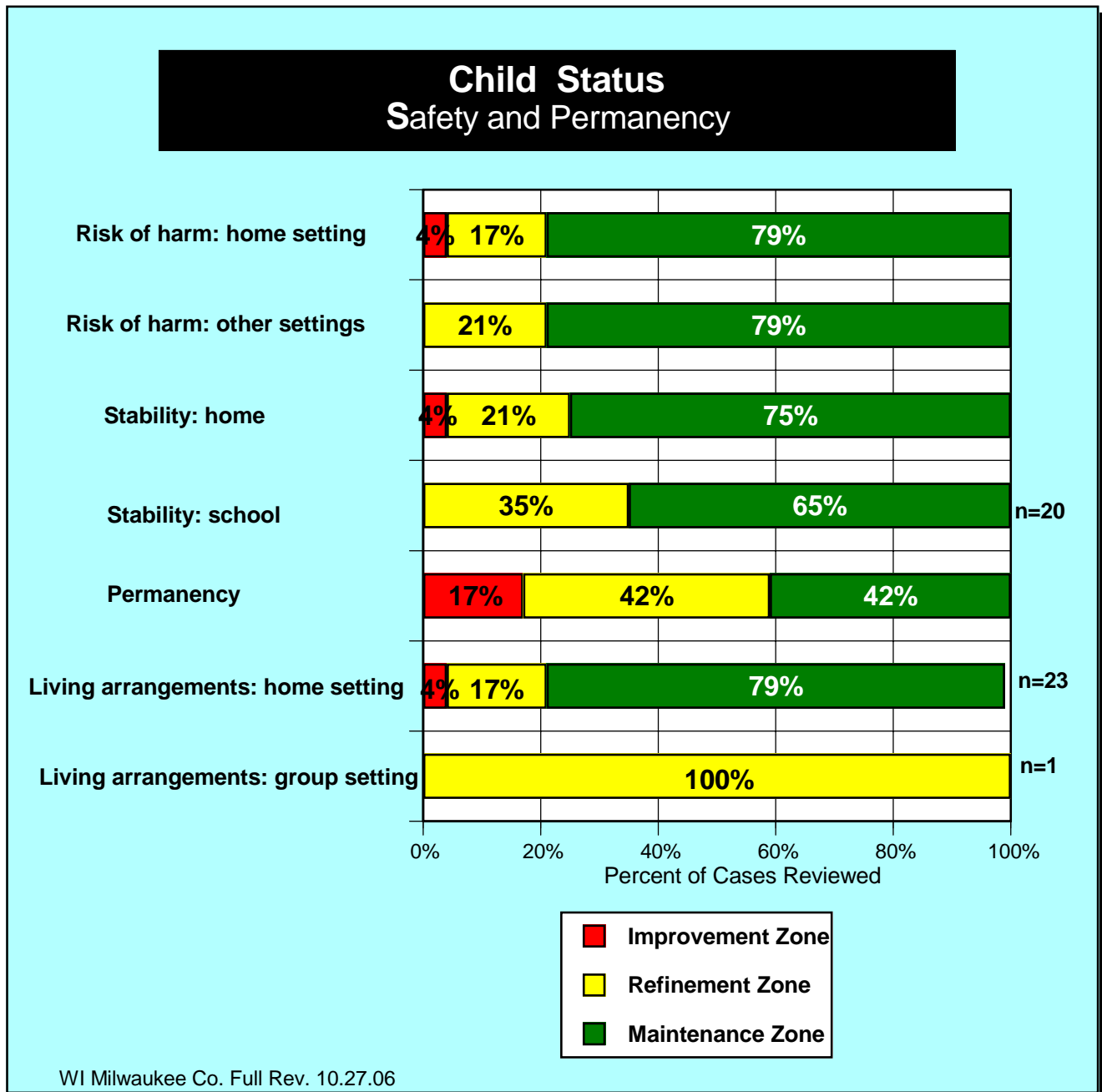
V. Review Findings

The following section presents in table form the findings of the case review. Charts reflect scoring on each of the indicators. Additional charts address the aggregated projections of future status of the children reviewed and the distribution of scores by outcome.

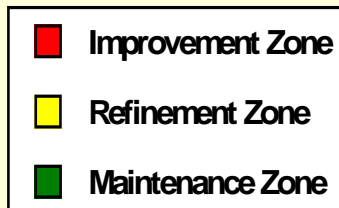
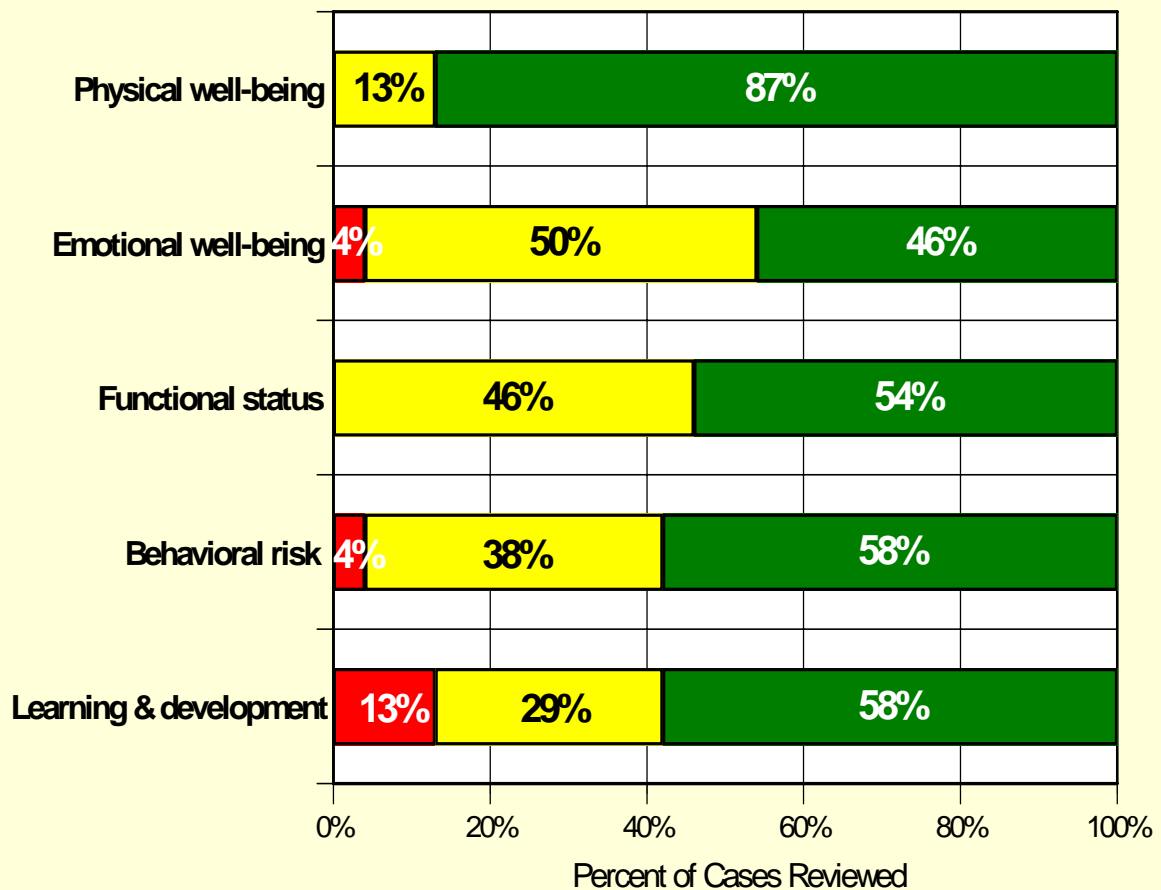
A revealing characteristic of the sample selected is the distribution of co-occurring conditions, which are multiple life-challenging conditions such as mental illness and addiction. As the table below illustrates, a notable number of children and families experienced significant limitations due to health, mental health, trauma and substance abuse/addiction. Such complex needs present the Bureau with significant challenges in achieving safety, permanency and well-being for the children and families it serves.

QSR/Child Status and Performance Profile - Co-Occurring Condition Frequency				
Number of cases:24		Milw. Co. Reg. 3		<i>Print current record only!</i>
Co-Occurring Condition	Child		Parent/Caregiver	
	Number	Percent	Number	Percent
NONE	7	29%	0	0%
Autism Spectrum Disorder	1	4%	0	0%
Behavior Disorder	6	25%	1	4%
Sensory Impairment	0	0%	2	8%
Mental Illness	4	17%	10	42%
Mental Retardation	2	8%	3	13%
Neurological Impairment/Seizure	1	4%	0	0%
Specific Learning Disability	2	8%	2	8%
Degenerative Diseases	0	0%	2	8%
Chronic Health Impairment	3	13%	5	21%
Medically Fragile/Complex	2	8%	0	0%
Orthopedic Impairment	0	0%	1	4%
Physical Disability	0	0%	1	4%
Developmental Disability	2	8%	3	13%
Trauma victim	6	25%	6	25%
Suicide Risk	0	0%	4	17%
Pregnant	0	0%	3	13%
Substance Exposed	1	4%	2	8%
Substance Abuse/Addiction	1	4%	12	50%
HIV/AIDS	0	0%	0	0%
Other	3	13%	4	17%

The following charts reflect the scores assigned status and system performance among the cases reviewed.

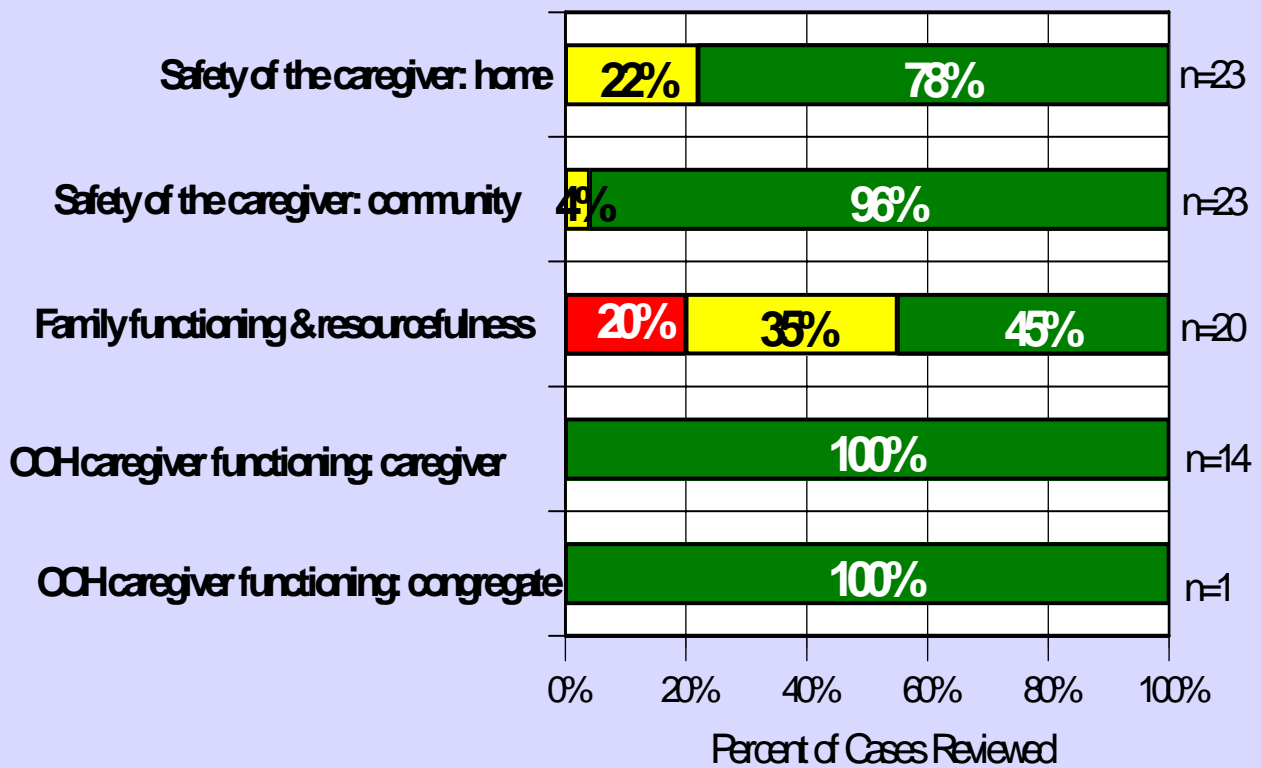


Child Status Well-Being



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Child Status Family/Caregiver



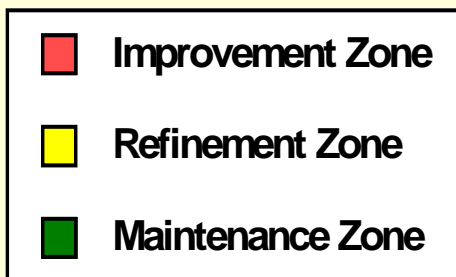
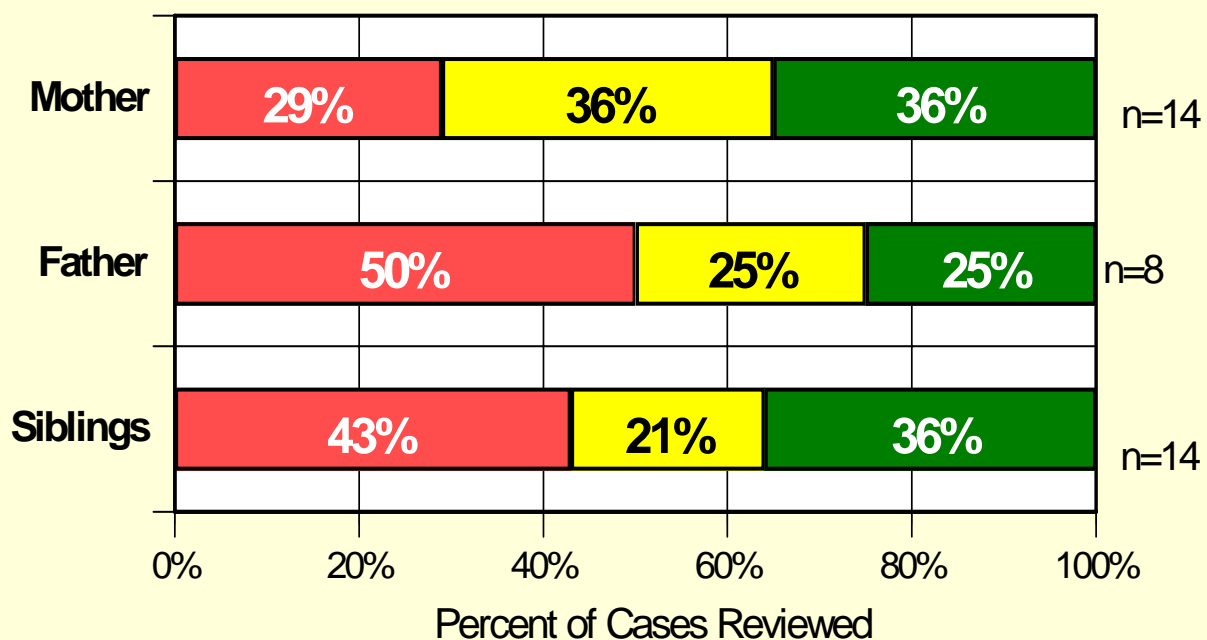
■ Improvement Zone

■ Refinement Zone

■ Maintenance Zone

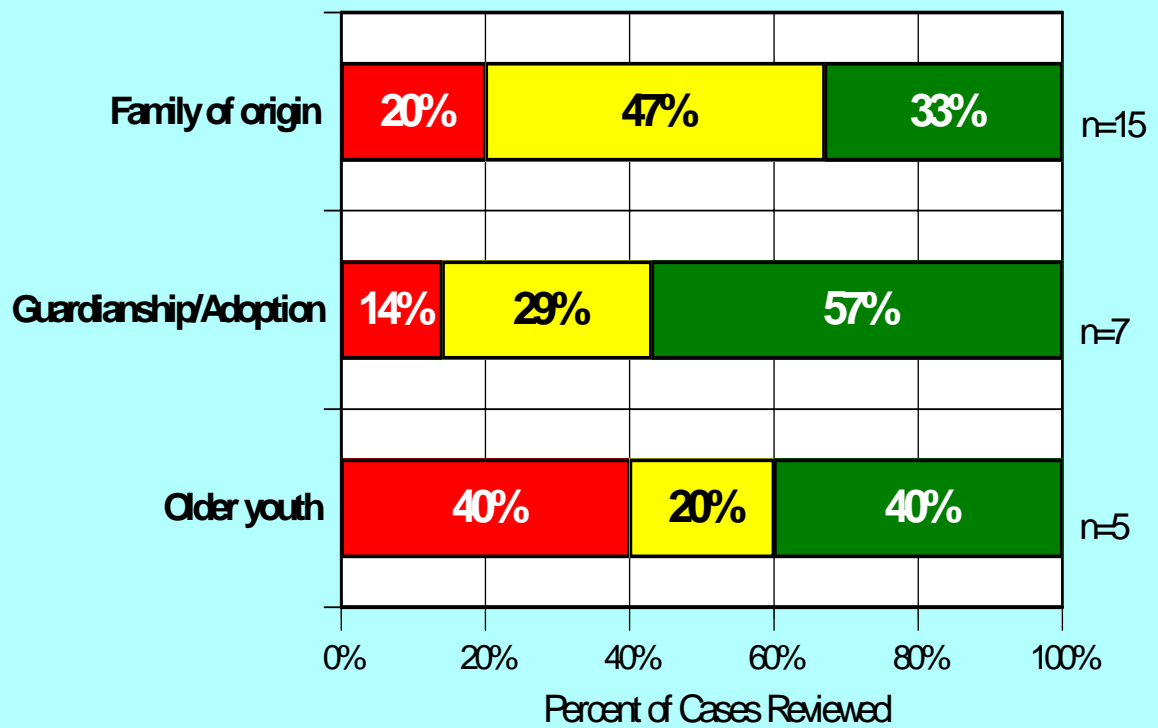
WI Milwaukee Co. Full Rev. 10.27.06

Family Interactions



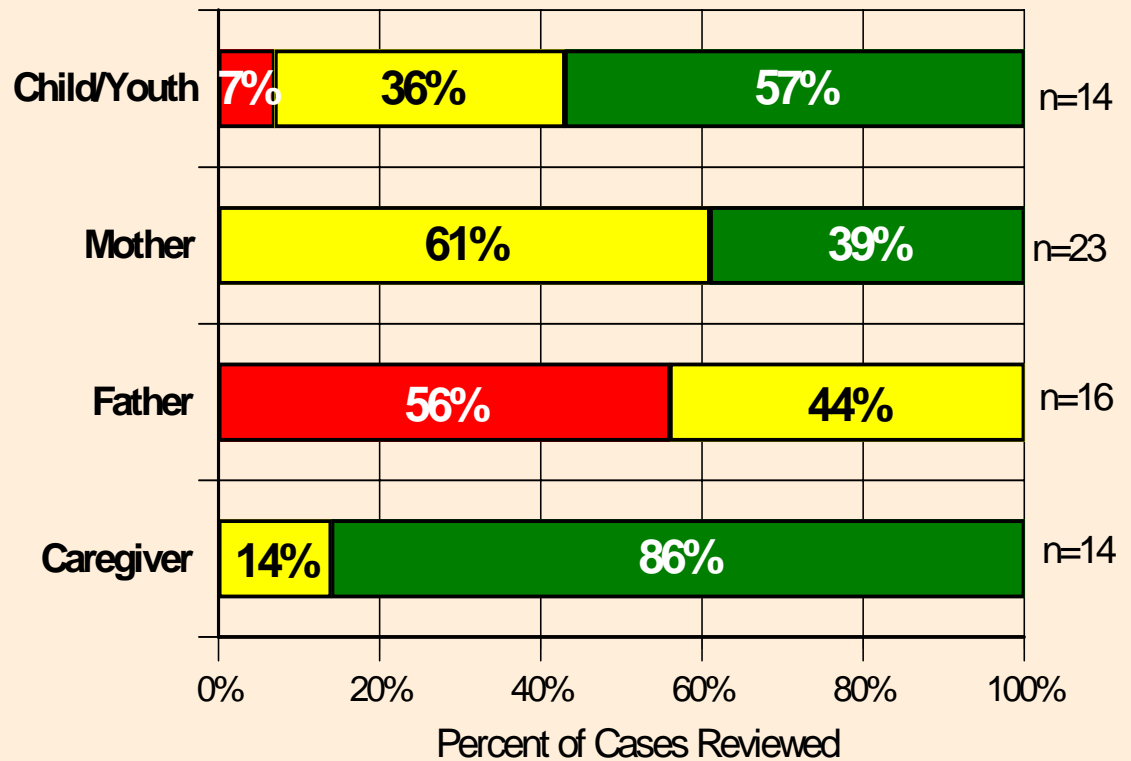
WI Milwaukee Co. Full Rev. 10.27.06

Progress Towards Independence



WI Milwaukee Co. Full Rev. 10.27.06

Practice Performance Engagement

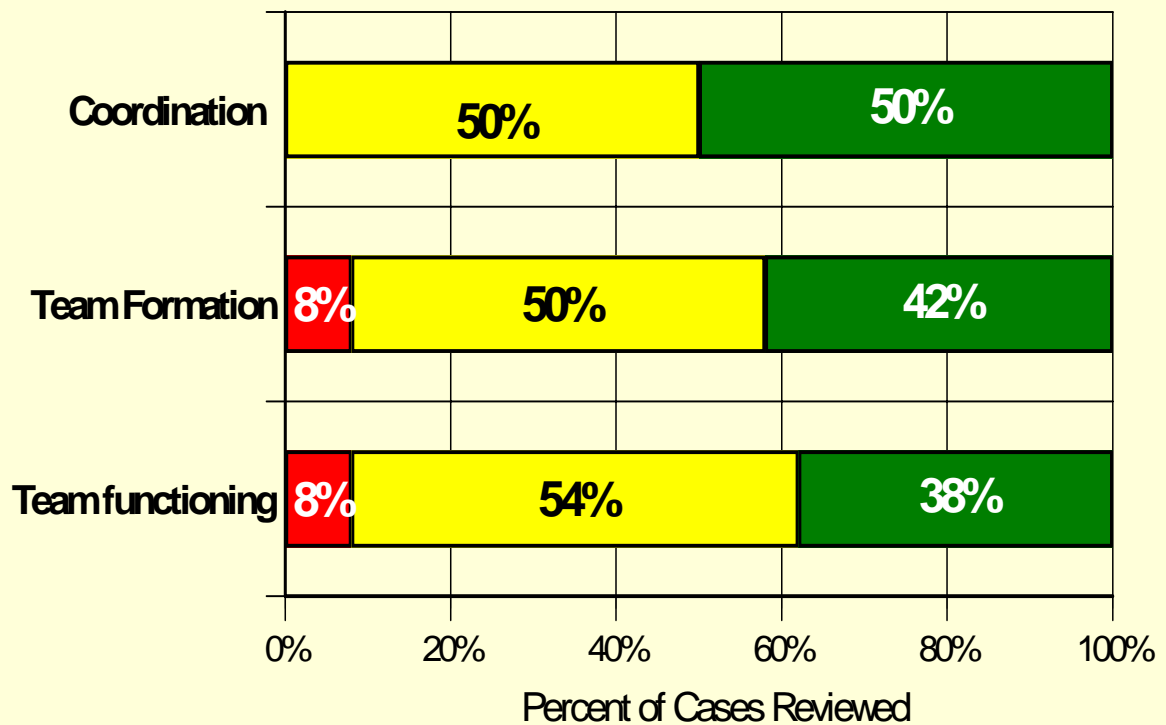


■ Improvement Zone

■ Refinement Zone

■ Maintenance Zone

Practice Performance Core Practice Functions

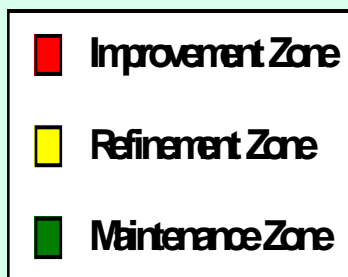
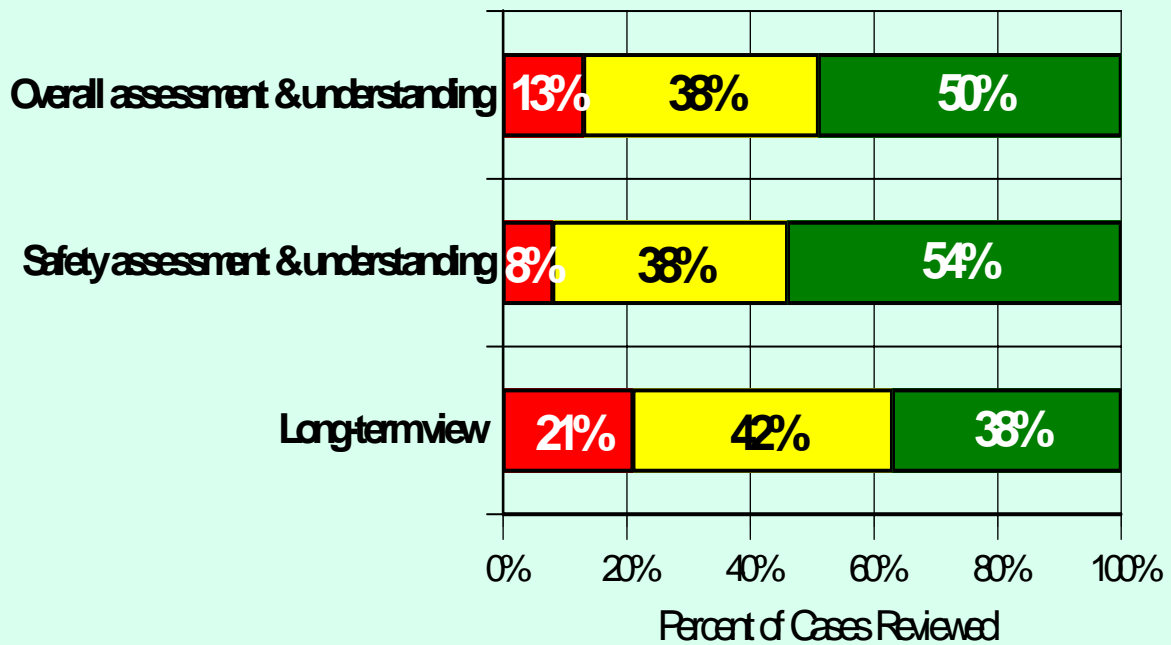


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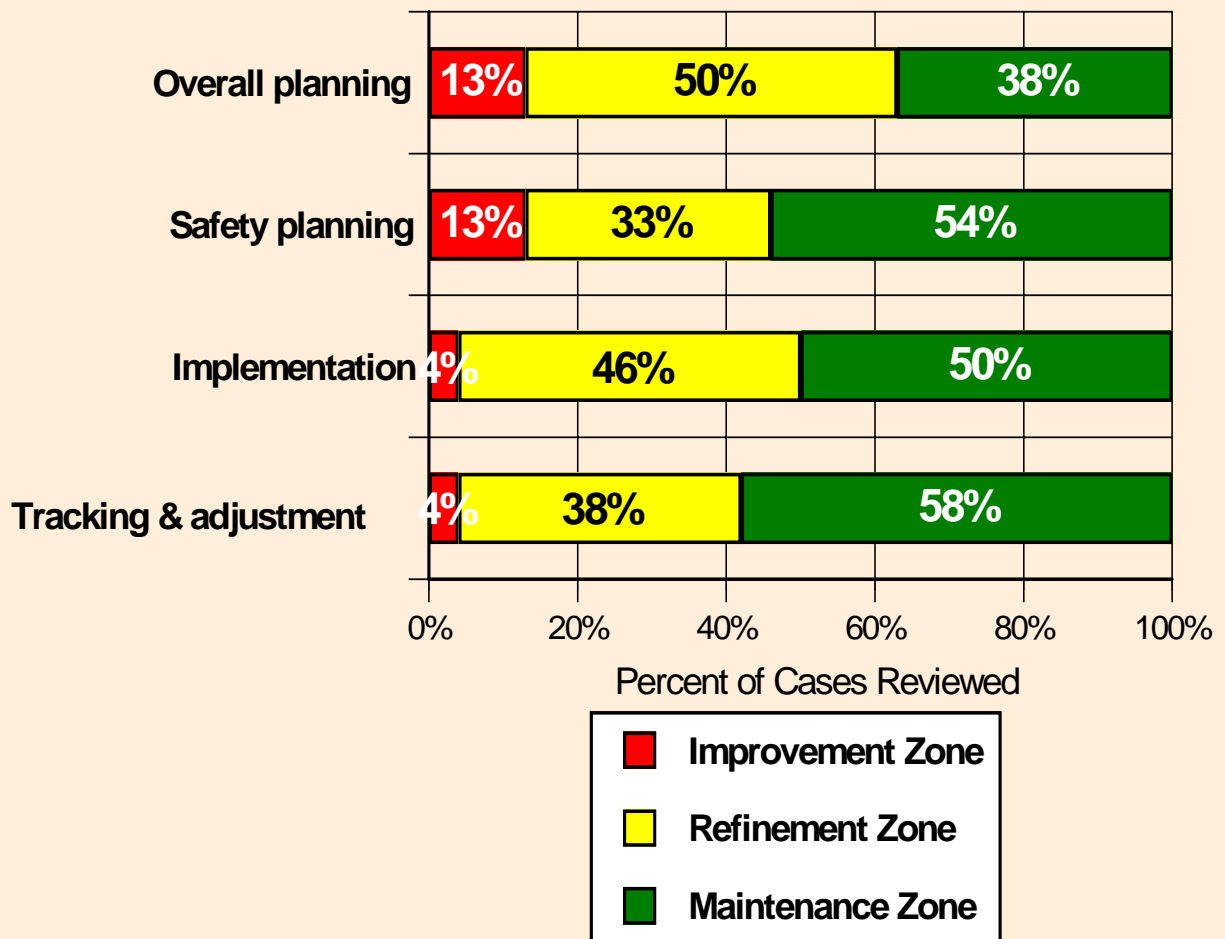
Practice Performance Core Practice Functions



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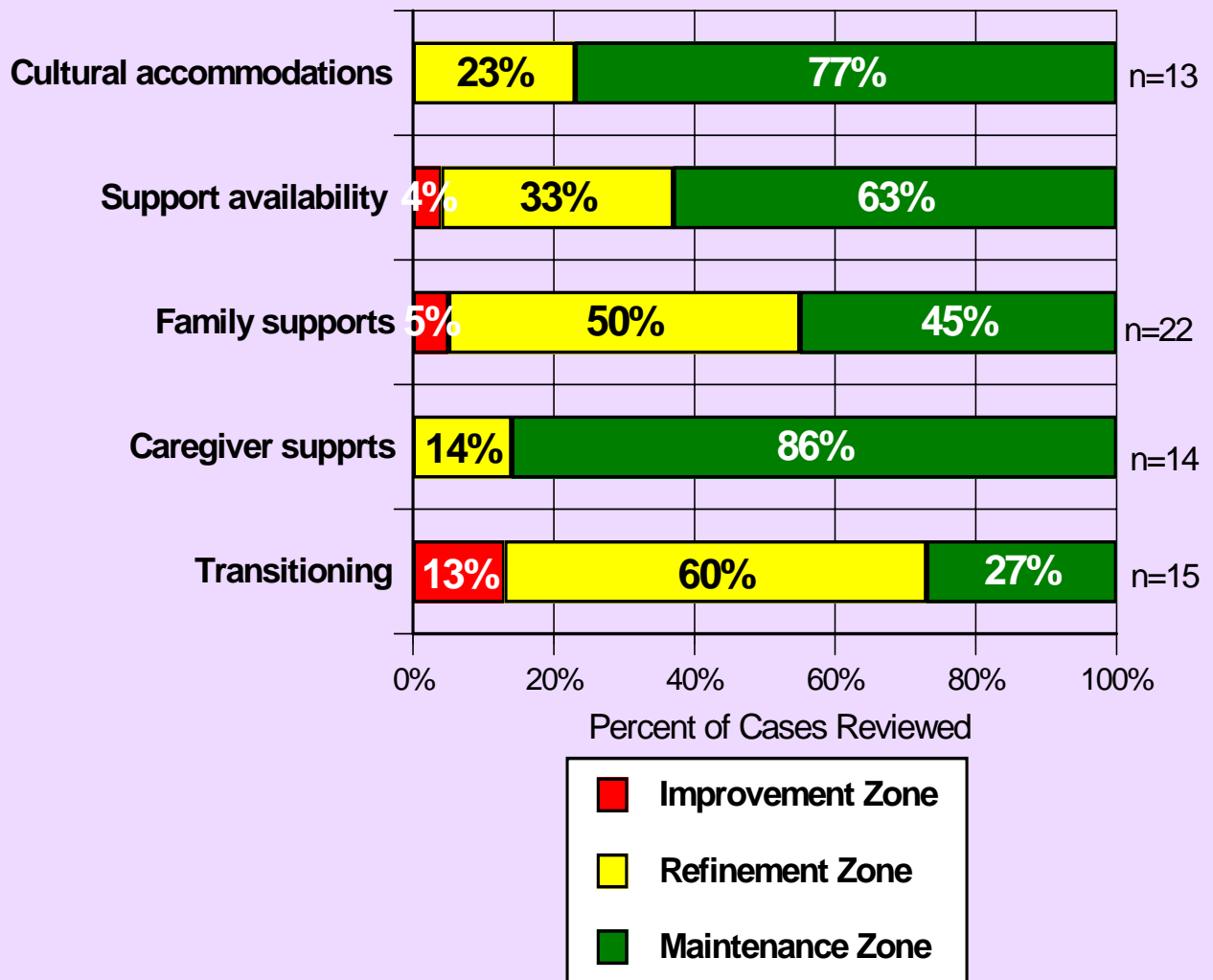
Practice Performance

Core Practice Functions



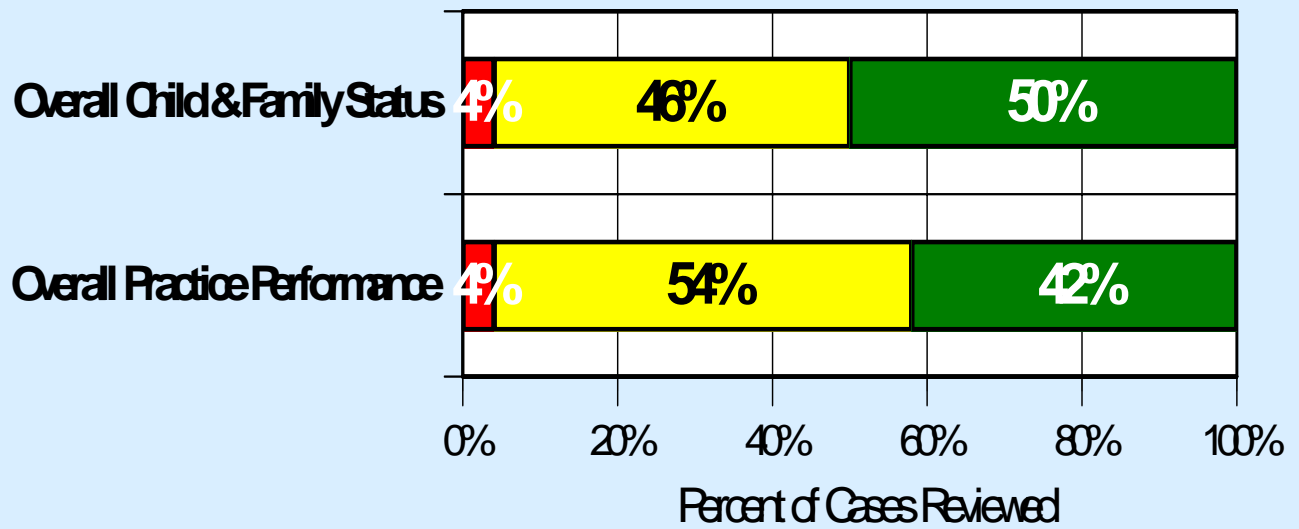
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Practice Performance Conditions & Attributes



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Overall Patterns



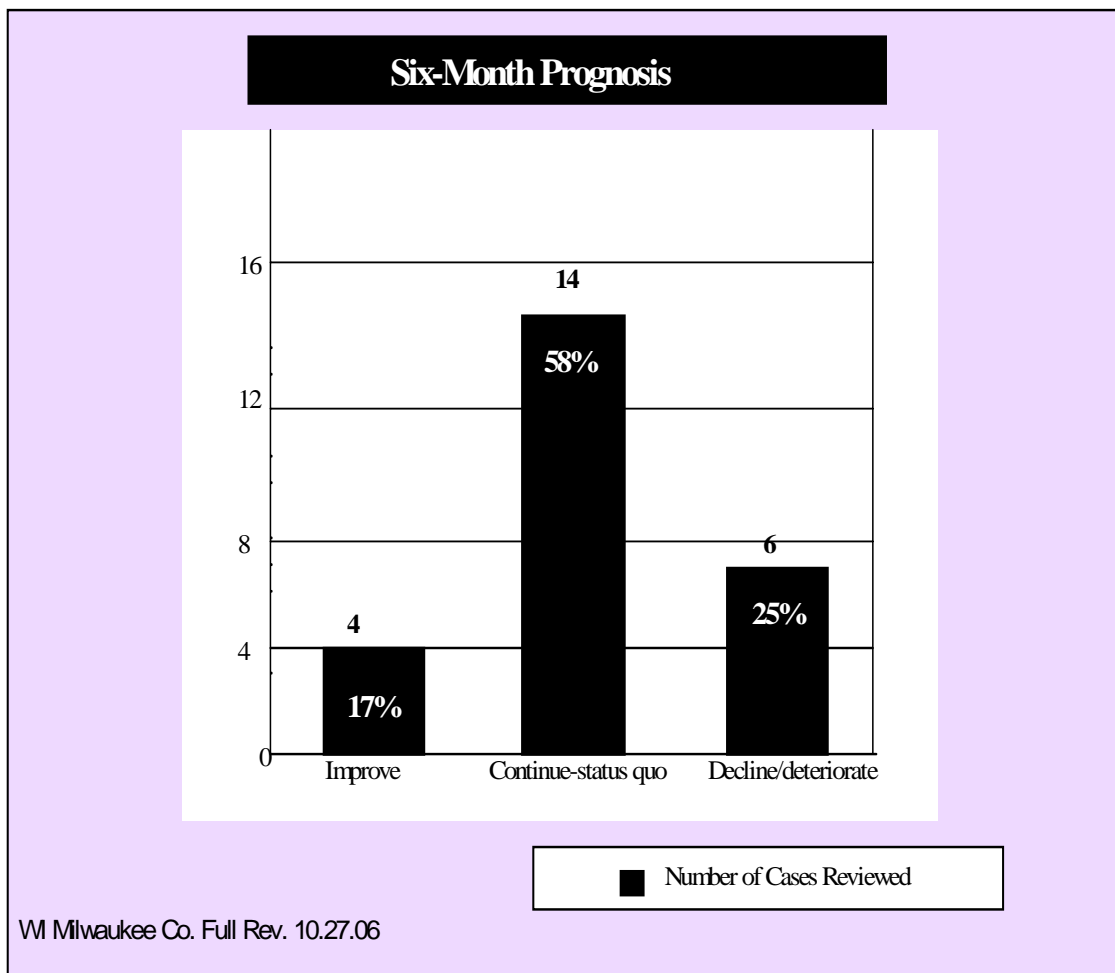
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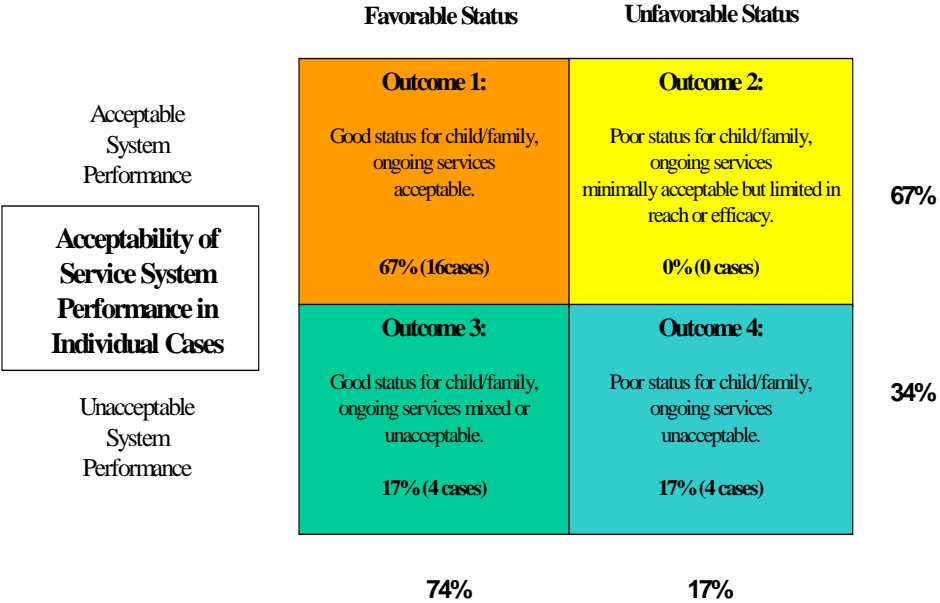
 Maintenance Zone

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The following chart reflects the case reviewer's assessment of whether the case will improve, decline or remain the same over the next six months.



Status of Child/Family in Individual Cases



VI. Performance Analysis

A review of the stakeholder interviews, status and performance scores and the twenty-four case stories that were completed yields a rich description of practice within the Bureau and of the relationships among the partners in the system. This section will focus primarily on the findings of the cases reviewed.

Nine of the cases reviewed were safety services cases. It is useful to note that the QSR protocol does not effectively assess the investigative element of child protection. Cases at the stage where IA staff are collecting information to determine safety pursuant to a report of abuse and neglect are very stressful for families and closely tied to legal proceedings that in some circumstances can lead to criminal prosecution. It is not feasible to attempt to conduct a separate concurrent appraisal of performance at this stage.

Likewise, the protocol presents challenges in reviewing ongoing safety services cases, which are in most systems voluntary cases following an investigation of alleged abuse and neglect. The protocol sets the same standards for performance in these cases as cases where a child is in foster care, with all of the accompanying, goal setting, permanency planning and case practice assumptions, some of which are driven by the legal process. Many systems do not apply the same comprehensive planning standards for voluntary cases as for those serving children placed out of their own homes. Reviewers often experience this dissonance between system expectations and the QSR expectations when assessing voluntary cases. However, the review did provide useful information about safety services, which are reflected in scores and analysis.

Readers should be cautioned to consider that while the scope of this review is a solid beginning in terms of introducing this sophisticated process to Milwaukee, the sample size of twenty-four is small compared with the total caseload. The out-of-home cases in the sample, for example, represent less than one percent of the total out-of-home population. This sample, while small, does provide some indications of themes about the nature of practice in the system. However, it is not large enough to make definitive conclusions about all practice in Milwaukee. What it contributes most constructively is the identification of some areas of practice that need strengthening and how that effort might be approached.

Every review identifies some cases where recent changes in circumstances may reveal a need for an immediate response from the system. In the few cases in this review where that occurred, the Bureau responded quickly during the review week to follow-up with the child and family.

Child and Family Status Indicators

The following section examines the trends in selected areas of status and system performance beyond the scoring bands of *Improve*, *Refine* and *Maintain* to focus on the

percentage of cases scoring acceptable (scores 4-6) versus those scoring unacceptable (scores 1-3). Looking at performance acceptability percentages, as opposed to only analyzing the broader scoring bands found on the charts, permits a deeper understanding of the practice challenges present. For that reason, the acceptability lens will be employed in the following indicator analysis. A subset of status and system performance indicators that are particularly crucial is analyzed below.

Risk of Harm

Eighty-eight percent of cases were considered acceptable in terms of risk of harm in the home setting and ninety-six percent were considered acceptable in other settings, both relatively high scores compared to other systems in their early reviews. In a safety services case, for example, the reviewer found, “Safety assessment and planning is thorough and on-going. The SSM has already started to assess any safety threat presented by the aunt being in the home and a plan to manage this (no unsupervised time for the aunt with the children).” In a case where Risk of Harm was scored as a 1, indicating urgent concerns, the reviewer noted, “The focus child’s overall status is at the Improvement Level, which is reflected in scores around safety and placement. The lowest score is a 1 for risk of harm in the home setting. All of the providers for this family told reviewers that they are very concerned because this child is a high risk, special needs child.” The factors rated as producing this level of risk were reflected in low scores on Family Functioning, Safety Assessment and Understanding, Tracking and Adjustment and Planning.

A Safety Services/Initial Assessment system issue emerged in the reviews and stakeholder interviews related to disposition of cases where safety services were not succeeding in addressing risks. One reviewer described this challenge in detail in a case story, so it is referenced to call attention to the issue.

“One of the major obstacles for continued success in this case is the voluntary nature of safety services. The model for safety services as articulated by the SSM and her supervisor is that once the parent or parents agree to accept the services on a voluntary basis, the parent or parents are now, for all practical purposes, in control. They decide who can participate in forming the team and how much engagement they will have in any change process. In this case, the mother refused to involve the father, even though he is a part of the family. Then her two sisters were eventually excluded, along with the first home provider. The teacher was never considered as a possible team member. Also, the mother must agree, according to the safety staff, to any evaluations such as a mental health consultation. When the family was referred to IA because the SSM could no longer assure that the children were safe, the IA social worker again referred the family back to safety services with fewer services. The mother may have indicated to the IA social worker that she would cooperate, but her history says otherwise. There was no staffing of the case to find out the level of cooperation that would be necessary for the children to remain safe. The IA and SSM and the SSMs supervisor all agreed that once the case went down the safety services track,

the only way the case would be referred to court is if the children required removal from the home. There is no consideration of presenting these facts to the court to keep the children at home, but make the services involuntary.’

A few stakeholder interview respondents referenced the same tension about the disposition of safety services cases where confidence about continuing safety was low. More will be discussed about this issue in the recommendations section.

Stability

Stability scores for the children in this sample were quite high, with ninety-two percent scoring acceptably regarding living arrangements and ninety-five percent having acceptable school stability. A good illustration of the basis for this kind of success was found in the following observations in a reviewer’s case story. “The agency did a great job of matching the focus child to his foster placement. He has been in the same placement for the past 15 months. The foster mother, who is an older, single African-American woman, is committed to the focus child and is a very strong member of the team. She has done a wonderful job of managing the focus child’s behaviors, which has contributed to his growth socially and academically. The foster mother is accessible to the mother, they have good communication and the foster mother is supportive of the mother’s efforts in respect to reunification.”

Permanency

Achieving permanency for the children reviewed presents a challenge to the Bureau. Fifty percent of the children reviewed were not making acceptable progress toward permanency. As mentioned before, permanency performance always lags behind other status indicators, so scoring in this review isn’t unusual. In some systems, initial permanency scores are considerably lower. Looking at the permanency scores, there are some common elements of system performance that affect permanency, such as assessment, planning and long-term view in particular. In general, good assessment, planning and long-term view are more likely to produce permanency, a trend found in all of the systems using the QSR. Several case examples illustrate the need for improvement related to permanency.

One reviewer wrote, “There are several areas that would benefit from additional focus and effort. The first is attention to progress towards permanency. The focus child has been in out-of-home placement since March 2005 and mother has made little progress towards reunification and states little desire to be reunited with her children. She isn’t even interested in having regular visitation because she has difficulty managing the children’s behavior.”

Another stated, “There continues to be substantial and continuing problems with permanence. The agency is moving to terminate parental rights and attorneys interviewed indicated that the case was not strong because the father had met the conditions for return. The exception is the expectation that he keeps a job, and he has just lost his employment. Although this case has been referred and accepted for adoption services,

there has been no progress with identifying a family for the child, clarifying the current caregivers intent, home studies, or resolution of necessary legal issues. The permanency issue may contribute to the child's lack of emotional stability."

In a case where prospects for permanence are positive, the reviewer found, "It is anticipated that the focus child's current placement will be able to endure lifelong. Since the permanency goal is adoption and the foster mother is interested in adopting, she has already completed the Adoption Family Assessment. All case participants were able to identify what steps need to be taken for the child to achieve permanency and close the case. The Bureau has pursued the court process for terminating parental rights prior to exceeding timelines, however due to the mother's desire to contest the petition, there have been delays beyond the control of the Bureau."

A final example merits attention as it reflects the concerns expressed by a significant number of Bureau staff in stakeholder interviews. In one case, the reviewer wrote, "A significant system element that hindered certain desired outcomes was the inability to achieve permanency for the focus child and his siblings, despite they're almost four years in the child welfare system. Despite efforts by the Bureau, part of the failure was due to the Court's inability to keep the TPR/Adoption process moving by allowing for numerous postponements of hearings and, in two reported cases, changes of the judge overseeing this case. This led to much frustration for the team in general and for Grandmother in particular. Though less directly emotionally troubling for (the child) and his twin sister (based on their age and a lack of a significant bond with Mother), these delays have contributed to R's continued inner turmoil which, unfortunately, gets acted out in the family in the form of aggression and defiance. This adds to Grandmother's stress and takes away much needed energy for taking care of (the child). As mentioned, there is finally a TPR hearing scheduled for December 2006." Clearly such delays are more than an inconvenience for staff and directly impact the permanency and well-being of the children and families served.

Emotional-Behavioral Well-Being

Children in families served by the child welfare system may experience trauma, neglect and instability in their families that affects their emotional well-being. Nationally estimates suggest that fifty percent or more of children in foster care need mental health services. As a result, QSR baseline status scores for emotional well-being are commonly under fifty percent. Therefore, acceptability scores at eighty-three percent for the children reviewed were high compared with other systems. Children that appeared to need mental health supports were receiving them and the use of Coordinated Service Teams (CST) is providing a forum in which to assess progress in this regard. Undoubtedly, the relatively high scores in tracking and adaptation on the system side are a positive contributor to emotional well-being scores.

Learning and Development

At seventy-five percent acceptability, learning and development scores were also relatively high, especially for the child welfare population, which more frequently experiences school changes, uneven attendance and stresses at home. Most other systems score lower than seventy-five percent on their initial QSR.

Family Functioning and Resourcefulness

With Safety and Permanency, Family Functioning and Resourcefulness represents one of the most important status areas reviewed, as it reflects the progress made in achieving the parental capacity necessary to assure the safety of children and sustain independence from the system. Sixty percent of the cases reviewed scored acceptably, meaning that ten of the twenty-four cases were not demonstrating acceptable parental progress. Obviously this has significant implications for achievement of permanency. For example, one reviewer wrote, “Mom’s functioning level and her ability to handle the daily needs of one or both children with behavior issues is in question. Her tendency to relapse when she experiences a difficult situation also puts in question her ability to handle the daily challenges of the children returning home. At the present time there is no transition plan in place and mom has unrealistic expectations of when the children will return to the home.” As might be expected, this case scored unacceptably on permanency.

System Performance Indicators

Engagement

Compared to other first time reviews, engagement scores were moderately high for focus children (seventy-one percent acceptability) and their mothers (seventy percent acceptability). Scores were lower for fathers, with thirty-eight percent acceptability. Child welfare systems throughout the country have had difficulty in engaging fathers, so Milwaukee’s performance is not unusual. The case stories included several examples of effective engagement, such as, “The strong engagement has helped everyone to identify or assess what the needs and concerns are for this family especially regarding safety. There is a clear uniform picture by all members of this team, especially by the mother regarding the barriers that keep the family from attaining independence from the system.” Another reviewer found, “The family sees the agency as being helpful and supportive. The mother feels she is being supported by their worker and likes the direct, yet non-confrontational manner in which they work together. The family has been happy with the quality of the service providers that have been involved in their lives and have appreciated that the same primary therapist has worked with them consistently since mental health services were put in place.” One reviewer wrote specifically about the need for paternal involvement. She stated, “Also of note in this case is the non-existent role of fathers. Although the fathers may not currently be a resource (either financially or emotionally) for DW and her sister, it is important that the system continues to find ways to involve absent fathers in the lives of their children. “

Reviewers found numerous examples of parents “liking” or appreciating their case manager. It will be important for the system to realize that effective engagement goes much deeper than friendly, appreciative relationships, as important as those are. Effective engagement involves the use of the core helping conditions of genuineness, empathy and respect to the extent that sufficient trust develops to permit a full understanding of the family’s underlying needs. The comments of some case managers that “resistant clients” were their biggest barrier suggests a need for engagement that leads to helping families develop a vision of a different future for themselves.

Coordination

Coordination performance was relatively high for a first time review, at seventy-one percent acceptability. It is clear that the use of CST’s is enhancing the Bureau’s ability to coordinate the involvement of multiple team members. One case story explains a worker’s success in coordination clearly. “(The child’s) ongoing social worker acts as an effective single point of coordination between the myriad of medical, hospice, Birth to Three, vocational, child welfare and legal participants. The grandmother was initially concerned about “her daughter and grandson getting lost in the dinosaur of the system” but indicates having the opposite experience with the agency due to the accessibility and organizational skills of the ongoing social worker.”

Teaming

Scores for teaming were in the mid-range, with what the protocol defines as team formation scoring sixty-seven percent acceptability and team functioning at sixty-three percent acceptability. This means that teams are being pulled together, at least loosely, in increasing numbers. However, that they don’t consistently function like a team. Well-functioning teams are child and family driven, represent all key case contributors and meet regularly in face-to-face meetings, for example. The emerging teaming effort in Milwaukee using CSTs shows promise in making the process consistent and faithful to the team concept. For this to happen, particular emphasis is needed to ensure the participation of all relevant members such as teachers and informal supports and replacing the professionally driven team environment to one more family driven.

Several reviewers described the positive effects of teaming on their cases such as, “Decisions about (the child’s) future have been carefully made by a family team inclusive of family members, social workers, and service providers. Family interaction also occurs at a frequency that is negotiated between (the child’s) mother, grandmother, and facilitated at great financial cost to the agency. Activities designed to enhance parental protective capacities and the mother-child bond are scheduled during visits. For example, (the child) receives physical therapy during one of his scheduled visits with his mother and his mother is taught the movements and encouraged to participate.”

In a case reflecting an incomplete team, the reviewer wrote, “Our child’s individual counselor has had no contact with the lead agency worker and does not feel part of a team working for the safety of our child (team formation rated a 2). The counselor has

attended CST meetings in another county and finds them useful in planning change for her clients.”

Assessment

Assessment scores were relatively high for a first time review. Overall assessment scored sixty-seven percent acceptability and safety assessment scored seventy-five percent acceptability. While results from this small sample are encouraging, the review also reveals that thirty-three percent of cases reviewed did not have an effective overall assessment, a fact that has significant implications for permanency and family progress. In examining approaches to strengthen assessment, it is important to recognize that assessment begins with the development of a trust-based relationship with the family, contributions to appraisal by the entire team, attention to the underlying needs and conditions that are producing the behavior needing change, examination of all the life domains and attention to the full constellation of household members that affect the child’s status.

In an example of acceptable team functioning, the reviewer noted, “A functional team has been formed which includes the mother, providers and some of her extended family members. Coordination is good and meetings occur regularly. In addition to the meetings regular communication occurs between providers. Those interviewed appear to share a common view of the case. There is an understanding of the mother’s limitations and the focus child’s need for structure and constant adult supervision.”

Another reviewer stated clearly the need to strengthen assessment and the link between engagement and assessment. She wrote, “The parental capacity of the father has not been assessed well, lacking identification of specific underlying issues that result in his challenges in family life management and the ability to meet basic necessities. His informal supports are not known. Lack of a good overall assessment and building a trust-based relationship prevents a good understanding of underlying issues which limits planning for behavioral change.” In another case where assessment needs improvement, the reviewer states, “The initial assessment completed by the IA social worker described the presenting problem and set up a plan to control for the immediate safety of the children. However, the plan did not indicate any underlying cause for the problem, nor did it lay out any future services that might be implemented to mitigate this problem.”

A third reviewer wrote, “There was no functioning team approach to working with this family. Although the worker did have good communication with providers, there were no regular team meetings scheduled that involved all providers working with the family until the time of case closure. This meeting did not occur because the mother was not home and the focus child refused to let anyone in the home. Notably missing from the team were the psychiatrist and to some extent school personnel. The team process was not used in assessing for the family’s needs or in case planning.”

Planning

Overall planning scored fifty-eight percent acceptability. Safety planning scored seventy-one percent acceptability. Planning and case plan issues received significant attention from stakeholders, especially related to the court process and the case reviews yielded additional information about planning practice. Overall planning scores reflect a significant need for improvement. Among the challenges revealed in the reviews were a minority of cases where:

- Plans do not fully involve the family and team in their development
- Plans could be more strength based
- Services prescribed related to symptoms, rather than underlying needs and conditions
- Plans were based on incomplete assessment
- Plans imposed so many concurrent tasks that parents have difficulty performing them
- Plans are not sufficiently individualized
- Plans do not sequence and prioritize tasks to permit early success
- Plans are more focused on completing tasks or activities that lasting behavior change

In an example of good planning effort, a reviewer described planning by stating, “Mother and grandmother feel included in the planning process and report that their voices and preferences have been heard. She has done a commendable job coordinating the various service providers – as evidenced by the fact that everyone involved is on the ‘same page’ with regard to case planning assessment and long term view. The service array is excellent and providers are competent and effective. There is a well developed, realistic and time sensitive case plan that everyone involved understands and agrees with and the case manager is beginning to work with the family to plan for post reunification support services. The plan is based on good, ongoing assessments; it includes a long-term view with a solid transition, phased-in plan for (the child’s) reunification.”

Conversely, the following case story excerpt illustrates planning that needs further attention to underlying conditions and behaviorally focused expectations. “As stated previously, the safety plan was essentially the case plan for the family. This plan did not address specific behavioral changes that needed to be made by the mother and focus child and instead focused on managing safety through service provision. Planning lacked focus on the underlying issues for the family and was more focused on surface issues or symptoms, such as providing independent living skills to the child and having her attend school.”

Long-Term View

Fifty-four percent of cases scores acceptably on long-term view. The long-term view is a foundational element of successful practice, closely tied to the quality of assessment. It was created as an indicator because of the tendency of systems to lose sight of the

ultimate objectives in cases due to an exclusive focus on immediate, often emergency needs. It is also a new concept for most systems and often scores quite low on initial reviews.

There were good examples of an effective long-term view in the review, such as, “There was a good overall assessment and planning which promoted an understanding by all as to what needed to be done to be able to close this case. Having a concurrent goal of TPR/Adoption made for an easy transition when the primary goal of reunification did not work. The long term view was instrumental in helping the change process.”

There were also examples of the need for improvement, such as where the reviewer found, “In fact, among the team members, there is no common future planning direction and when asked where this child will be in 6 months, most interviewees indicated they did not know. Protective provisions that must be present in the home to keep children and parents safe are still unknown and are not being planned. Sustainable conditions and supports that must be present and sustained in the home are not being planned. There has been no progress on adoption steps due to legal risks. The poorly reasoned, inadequate planning process is generally failing to provide for parent behavior changes, sustainable family supports, concurrent alternative means for permanency, meeting the special needs of the child, and achieving successful transitions. Strategies are not aligned across providers. Practice is not being driven by the planning process, therefore TPR is uncertain and transition to the children’s return home is not being addressed.”

Another reviewer pointed out, “There does not appear to be a long-term view guiding the practice in this case. The most frequently heard comment that the Reviewers heard from providers on this case was that ultimately this child would have to be removed from her mother’s care. Everyone fears that the mother just won’t be able to do it in the long run. The paternal grandmother has even commented that she has continued to remain an active presence in her granddaughter’s life because she knows that she will have to raise her eventually. It is apparent that more long-range planning with a wider view must at least be considered in this case.”

Support Availability

Support availability scored at ninety-two percent acceptability, one of the highest scores for this indicator in an initial review among all the states using the QSR. Results indicate a wide array of appropriate and accessible services.

One example of this capacity is illustrated in the following case. “Finally, the intensity, flexibility and quality of services have been instrumental in allowing the children to remain in their Grandmother’s care. Therapy and behavior intervention services are provided in the home for the family at least two times per week and has allowed for a regularity and continuity of care. Grandmother gets to work 1:1 in her own environment on ways to help manage the very difficult challenges the children present to her on a daily basis. The kids’ therapist is highly skilled and related an excellent understanding of the

family's needs and interpersonal dynamics. Also, the therapist wisely referred A to an occupational therapist to address his difficult to treat sensory integration problems."

Cultural Accommodations

Cultural accommodations also scored high, at ninety-two percent acceptability. There were several excellent examples of cultural responsiveness, such as, "The focus child and his family have been provided with a wide array of services. The DHS has been culturally sensitive with this family and eventually assigned a Hmong speaking social worker to manage the case. The social worker is monitoring compliance with the Court orders as well as providing supportive counseling to family members and referrals to other services as needed. Both a Parent Aide and a Home Management Skills provider are working with the mother. Interpreters have been necessary on a regular basis because of the mother's inability to speak English. Both the focus child and his mother receive Social Security payments due to their disabilities. The focus child is receiving treatment foster care services that include foster care placement with monitoring of the placement by a social worker. The focus child's mother underwent a psychological evaluation with a Hmong speaking psychologist and therapy services were arranged for family members."

Another reviewer found similar cultural accommodations, noting, "Cultural accommodations are good, with the family's cultural identity recognized and respected. There was a direct effort to provide the father with male, African-American providers with whom he could relate and the child was placed in an African-American foster home. Prior placements had been made with extended family members to maintain family connections."

VII. Recommendations

Any Qualitative Service Review reveals a number of areas of system performance that could be strengthened by focused attention. However, these often require attention at the system, practice, supervisory and accountability level, meaning that there are limits to the number of practice development opportunities organizations can attend to at one time. This report will identify a few strategically selected areas for attention to permit quality improvement to have the necessary intensity and depth. In addition, several other issues that merit further attention, but about which the review team does not have sufficient information to craft recommendations, are identified for additional examination by the Bureau. Those selected are described below.

1. Strengthen the Coordinated Service Team Process

The development of coordinated service teams is an invaluable practice initiative by the Bureau that is likely to significantly improve outcomes for children and families. The review did identify opportunities to strengthen this effort by refining work currently underway. Attention is needed to expand the participation of key case contributors to ensure that the family's informal supports and essential professional partners, such as school personnel, become an integral part of the team.

Training and supervision should also support the practice of formal preparation of families for their initial team meeting in advance. Proper preparation of families should include an overview of the facilitation process, discussion of who the family wants to join the team, thoughts about family strengths and needs and issues such as scheduling and location. Good preparation not only improves family attendance, it also strengthens their ability to benefit from the team process.

Last, it appears that important information about the child and family, such as the case plan, is not routinely shared with team members. Except in unusual circumstances, if the team is to function as a team, vital information should be made available to all members.

It is important to recognize that the CST process is not yet an expectation at the Initial Assessment stage, so review observations were related to ongoing cases.

2. Strengthen Assessment, Planning and the Long-Term View

Effective assessments include a number of key elements that are important to crafting an effective plan and long term view. Any assessment approaches that are employed for case decision-making should reflect the following assessment process:

- The engagement of the child and family as partners in planning and decision-making
- Full child and family involvement in the assessment and decision-making process
- Creation of a family team (including the family/child, foster parents, individuals from the family's natural helping system, key professional stakeholders and providers and others as needed) that contributes its knowledge and expertise to the assessment and planning process and sustains the family over time
- Use of face-to-face family team meetings to assess needs and craft/ revise the service plan
- Recognition and affirmation of the child and family's strengths
- Attention to safety, stability, permanency, family connections, emotional-behavioral well-being, health, education and parent and caregiver supports
- A focus on underlying conditions and needs, as opposed to symptoms
- Attention to cultural considerations

The qualities of effective planning have been discussed previously in the Analysis section of this report. Also as mentioned previously, an accurate long-term view is dependent on a clear understanding of the child and family's needs, so assessment and long-term view are closely linked.

To develop consistent high-quality assessments, strength based, individualized plans and accurate long-term views, training may be needed to shape practice consistent with the elements described above. Skilled mentoring also is essential in translating knowledge into effective practice.

It is recommended that the Bureau and its training partnership team members review existing training to assess its ability to produce skills needed to develop functional assessments and effective plans. Consideration may be needed to providing in-service training and mentoring to experienced staff as well as new staff. It will be important to ensure that supervisors achieve mastery first, so they can mentor case management staff.

It is also recommended that specifically related to the long-term view, the Bureau initiate the use of working agreements with families at the earliest stage of the engagement and assessment process. The working agreement establishes a common understanding between the case manager and the family about the nature of the family's challenges and problems, how the family and case manager will work together and what success will look like – answering, “What’s our objective and how will we know when we achieve it?” Clarity about objectives and change not only supports the development of the long-term view, it also shapes the planning steps needed to achieve it.

3. Strengthen Permanency and Family Resourcefulness

Improving practice in the areas identified above should positively impact outcomes for children and families. Beyond front-line practice, there are two other areas needing attention to support permanency and family resourcefulness – reducing the delays and continuances in court and limiting the tasks (conditions) expected of parents in court orders to a smaller strategic number most closely associated with immediate needs. Secondary needs can often be dealt with in subsequent strategies, once the family has a basic foundation of stability from which to address other areas of functioning.

Obviously, the issue of court calendars and continuances is a complex one. Numerous parties are represented in court hearings, all with crowded schedules and numerous commitments. Due process necessitates that essential parties be present in hearings, so basic legal rights can't be compromised in the interest of speed. Finding dates and times when all can be present at a hearing is particularly challenging. Yet based on information gathered throughout this review, it seems clear that some children and families are harmed by extensive delays to permanency when they occur.

There are also strong feelings in some quarters that finding a way to be more strategic about prioritizing and sequencing the expectations upon families in court could help produce better outcomes. The review team agrees with this conclusion, based on its experience in other systems.

It is recommended that the Bureau approach legal partners to propose the creation of a joint work group to:

- a. seek opportunities to limit delays that impede permanency; and
- b. develop practice that permits the conditions required of families to be considered with recognition of the family's greatest needs and capacity to achieve success in completing them.

4. Formalize an Explicit, Integrated Model of Practice

As part of interviews with stakeholders in other counties in Wisconsin undergoing the QSR, as well as in other systems nationally, interviewers routinely inquire of system staff about the nature of the organization's model of practice. A practice model or practice framework has been compared to the main branches of a tree, which supports the entire structure. A practice model may be defined as a written description of the core values and approaches of a human services system that identifies the goals, values, principles of practice and core approaches to be utilized in service to children and their families. The use of the concept in child welfare is relatively new and is intended to describe the presence of an explicit, integrated and operational framework or model of practice that:

- Assures the clarity of agency goals
- Communicates core organizational values regarding children and families
- Articulates the principles of practice to which the agency adheres; and
- Describes core practices and approaches practitioners are expected to use regularly in their work with children and families

In work around the country, The Child Welfare Group has observed that most child welfare systems function without the conception of an explicit practice model for the delivery of services. There may be an implicit model that contains elements of what would be considered best practice, but such conceptualizations may not be recognized by the field as an intentional model of practice.

In the Milwaukee review, interviewers found evidence of many core elements of a practice model during discussions with line staff. References to system practice such as the following were heard:

- Strength and need based
- Individualized
- Team based
- Family centered
- Coordinated

Converting these principles to more descriptive language such as that which might be found in a formal practice model might produce the following elements of a broader model of practice.

- Assessment, planning and intervention with children and their families should be based on a thorough assessment of their strengths and needs, which becomes the foundation for the design of the child and family plan.
- Plans should be individualized, responding to the unique strengths, needs, culture and history of the family and attentive to the role of family voice and choice in decision making.

- Services should be delivered and coordinated through effective teams, composed of those organizations and individuals assisting the child and family, enlisting the family's informal support system and working in regular face-to-face meetings.
- Planning and decision-making should involve the family as a meaningful partner, reflecting the family's understanding of its needs and to the extent possible, its preferences of supports.

However, as is often the case in other systems, staff did not recognize these elements as part of a formal practice model. Reviewers believe that there is value in the Bureau examining its implicit practice model and formalizing it to add clarity and emphasis to its content. Providing workers with this framework helps underpin the accompanying policies and procedures that guide practice in day-to-day work. An effective model of practice is brief enough to be understood by staff, but operational enough that it can guide management, practice and evaluation decision-making. The development process will be strengthened if it involves participation by key community partners.

Reviewers can provide examples of practice models of other systems, if desired.

5. Areas for Further Study

- a. The Bureau's report to the court to request extension of the CHIPS order in individual cases is due ninety days in advance of the scheduled hearing, meaning that by the time the hearing occurs, the information about child and family functioning provided by the case manager is obsolete. Is it possible to shorten this time period? Some judges and most case managers identified the issue as a barrier.
- b. The disposition of "failed safety services cases", which might be more positively characterized as cases where parental capacity has not yet improved sufficiently to assure safety, seems to be an area where proper disposition and decision making are not consistently understood by staff. It may be useful to explore this issue further with the goal of creating a process for decision-making that assures better understanding of agency policy.

VIII. Appendix

Attachment 1

Milwaukee Child Welfare Quality Improvement Steering Committee

NAME	REPRESENTATION
Deborah Blanks	Social Development Commission
John Bradtke	Children's Family and Community Partnerships, Inc., Quality Assurance Director
Burnie Bridge	Administrator, Division of Children and Family Services
Theresa Cason-Pate	President, Milwaukee Foster Parent Association
Sue Conwell	In Their Best Interests/Advocacy
Linda Davis	Milwaukee Child Welfare Partnership Council
Sharon Dossett	Children's Family and Community Partnerships, CEO
Lisa Drouin	Office of the Milwaukee Ombudsman for Child Welfare
William Fiss	Deputy Administrator, Division of Children and Family Services
Frank Gaunt	La Causa, CEO
State Representative, Tamara Grigsby	Milwaukee Child Welfare Partnership Council Legislator
Jennifer Hastings	Ongoing Case Manager – Children's Family and Community Partnerships, Inc.
Pat Kenney or designee	Deputy District Attorney
Scott Paegelow	Quality Improvement Director, La Causa
Dena Radtke	Milwaukee Public Schools
Denise Revels Robinson	Bureau of Milwaukee Child Welfare, Director
Lenora Rosas	UMOS
Denise Pilz	First Choice for Children, Director
Kia Rudolph	Foster Parent, Voices United
Cathy Swessel	Children's Service Society, Vice President
Mary Triggiano	Judge, Children's Court
Mike Vruno or designee	Guardian ad Litem
Cheryl Westfall	Ongoing Case Manager – La Causa
Bregetta Wilson	Former foster youth, Milwaukee Child Welfare Partnership Council
Suzanne Zipperer	Bureau of Milwaukee Child Welfare, Communications Specialist
Mike Kemp	Bureau of Milwaukee Child Welfare, Program Evaluation Manager
Julie Brown	University of Wisconsin-Milwaukee, Training Director

Attachment II

Stakeholder Interviews

The interviews provided a broad assessment of how these different groups view the Bureau, their own organization and its role in relationship to the Bureau, the successes of the Bureau's operations and its weaknesses. There were some common themes and in some cases, widely disparate views about the same topics. The summary of findings will be organized among four themes: Organizational Issues; Practice Issues; Resource Issues and Legal Issues.

Not uncommonly, where stakeholder views of performance about the Bureau, its providers or legal entities reflected strong negative perspectives, opinions were illustrated with specific examples of undesirable performance. Upon questioning about the frequency of performance across the larger work force, respondents often acknowledged that performance was dependent on the capacity of the individual, not generally applicable to all. So the evidence of trends, as opposed to the impression of trends was difficult to determine. Regardless, strongly held opinions are significant, even if they are not fully informed by complete facts about an issue. These opinions still have influence.

Organizational Issues

Strengths

In terms of the Bureau's overall functioning, many respondents credited the Bureau with improvements compared to performance in the past. There was general agreement that caseloads are of more manageable size, turnover has declined, that workers are more responsive and better prepared in court and that progress is occurring in complying with the settlement's provisions. Other elements receiving affirmation were the role of the Ombudsman, improvements in training design (more mentoring concurrent with classroom participation), the value of Safety Services and for most respondents, increased utilization of kinship placements (some legal partners qualified their endorsement and will be referenced elsewhere). There was also recognition that the Workforce Study Recommendations were being implemented and that the part-time MSW program was a positive initiative.

Challenges

Some respondents described the Bureau's operations as being fragmented, pointing to the many different entities involved in service delivery within the "Public-Private Partnership" that embodies the Bureau. They pointed to the complex linkages of the public agency, three lead case management agencies, numerous service providers and the court structures. Many of these same respondents also noted that improvements had

occurred since the Bureau's creation. It is possible that respondents are identifying the appearance of diffuse accountability in raising this issue.

Other respondents, particularly within the Bureau, noted that there were still elements of a compliance-driven focus to the Bureau's operations, described by one as "Performance for the sake of performance rather than the child's best interest." Complaints about compliance-driven mandates were far less frequent than when The Child Welfare Group conducted a series of similar interviews over a year ago.

Another issue raised commonly was concern about uneven service provider quality and accountability. Respondents acknowledged that the County has a large number of providers, many providing good quality services, but wished for a system to either improve or exclude some providers not considered effective and reliable.

A fourth major issue emerged from the questions by the stakeholder interview facilitators, which was, "Could you describe the Bureau's Model of Practice"? Most respondents needed some clarification to understand exactly what interviewers were asking and acknowledged that the system did not have an explicit, commonly understood model of practice that drives the operations of the Bureau. At this point, respondents did not express significant concern about the lack of a practice model. This issue will be explored further in the sections on analysis and recommendations.

Additional comments included the following:

- The pay differential between Safety Service and other case management staff creates a lack of incentive and recognition of the value of Safety Service contribution.
- There is tension at times in Initial Assessment regarding the resolution of "failed" safety services cases and the appropriate path to addressing safety and risk concerns.
- The reliability of WSACWIS data is not consistently accurate.
- There are delays in accessing required training and modules may have to be completed out of the appropriate sequence.
- Providers do not always know when foster parents have vacancies (foster parent perceptions).

Resource Issues

Strengths

There was near universal agreement that the Bureau enjoys access to a wide array of providers and services. The distribution of Bureau site offices in the community was seen as an important connection to neighborhoods and valuable in creating a more efficient system. As a result of the provider and service array and practices initiated by the court, services are being initiated more quickly when cases are opened. Bureau staff have greater access to technology, another asset.

Challenges

Comments were within two themes: system issues and needed services inaccessible or unavailable. Regarding the systems issues, respondents mentioned a need for better, more even quality among providers. Providers also mentioned difficulties in getting timely service authorization from the Bureau, which could lead to disallowances. Case managers mentioned frustration in getting timely progress notes from providers, which impeded their ability to have current information about child and family progress and consequently, their ability to keep the court informed.

There were some mixed opinions about the use of short-term assessment homes, some feeling that they weren't being maximized to gather information – rather that they were functioning as short-term placement resources in some cases. Others had concern that they introduced a built-in placement change, affecting child well being and raising the Bureau's placement change statistics (a compliance measure). There was confusion among some staff regarding the Bureau's emphasis on assuring that Medicaid was the first resort in paying for services, prior to utilizing Bureau funds. Some case managers incorrectly interpreted the effort as forbidding the use of Bureau funds if Medicaid were not available.

Among the services considered to be insufficiently available were the following:

- Housing
- Psychiatric Services
- Mentoring
- Respite
- Employment Supports
- Crisis Services
- Transportation
- Spanish Speaking Providers
- Placement for Sibling Groups

Practice Issues

Strengths

Foremost among the strengths referenced regarding practice is the use of Coordinated Service Teams. Stakeholders from most of the categories included in these interviews believed that they were improving practice. Some respondents spoke of the positive contribution that Safety Services made to permitting children to live safely in their own homes. The efforts at improving collaboration with the workforce services agency, W-2, were also considered to be important and potentially valuable.

Some respondents reported greater attention being paid to the involvement of fathers and a greater priority on placement with relatives. A small number of participants raised concerns, however, about the quality of kinship placements. Among these stakeholders, concern was expressed about kinship providers not being assessed as thoroughly as needed.

Challenges

As mentioned previously, while it wasn't referenced as a challenge by those interviewed, respondents acknowledged that there was not an explicit model of practice in the system. In an interesting response to the question, "What's the biggest challenge of your work?", a number of case managers identified "resistant families". This may be a reflection of the level of engagement skills and a need to consider more deeply the vulnerabilities underneath what gets perceived as resistance. Some participants, mainly Bureau staff, noted the need to strengthen the involvement of other partners, such as school personnel and informal supports, in Coordinated Service Teams (CSTs). It was apparent from these interviews that there is not a common practice of sharing case plans with partners, which seems antithetical to the concept of the Coordinated Service Team. One respondent explained that partners were told what they needed to know related to their role, a practice that would seem to limit a holistic understanding of the family using the entire team's expertise. Also regarding written plans, the system struggles to keep them current, limiting their value as a practical road map for the family and team. Plans appear to serve most prominently as a tool for the court to use, rather than the guiding purpose originally envisioned in P.L 96-272.

Another planning issue that received attention among case managers as well as some legal partners was the practice of including a high number of "conditions" (meaning requirements families were required to satisfy) in court orders. Many respondents felt that the volume of requirements was so large and the timetable for completion so compressed that parents could not respond to them all. Interviewers also learned and observed that plans are often activity driven, meaning completion of tasks, rather than expecting actual changes in behavior related to acceptable caregiving. This far too common practice in the field leads to compliance in form, but not in substance.

There was evidence among some participants of a lack of clarity about the appropriate stance regarding the question, "How much is enough?" meaning how much effort and time should be invested in families who are not making adequate progress. This question may have implications for the relevance of plans as well as the quality of tracking and adaptation.

A small number of respondents raised the issue of cultural responsiveness among partners, specifically in reference to what some viewed as the practice of imposing an unrealistic standard of family functioning based on lifestyles of more middle class families.

There were also several issues raised more internal to Bureau functioning such as how safety cases re-entering the system should be handled and uneven understanding of safety policy among case management staff. A final issue among case managers is the difficulty in conducting thorough assessments of child and family functioning in the short time frames before the Service Implementation Hearing (SIH) is completed and orders are issued by the court. Respondents raised concerns that such hastily drawn conclusions can result in the wrong or an ineffective intervention instead of one that matched child and family needs.

Legal Issues

Strengths

There was general agreement among legal partners that ASFA has strengthened permanence in Milwaukee. There was also general agreement among legal partners that the performance of the Bureau had improved, compared to past years. The SIH process was considered generally helpful, especially related to the prompt initiation of services. Both legal partners and case managers shared this view. Judges and assistant district attorneys viewed the TPR court as an asset that improved permanency. The use of “One Judge/One Family” was also praised. Several legal partners pointed to the earlier parent representation in CHIPS cases as an improvement. Judges mentioned the presence of the child support liaison and genetic testing as strengthening the systems ability to not only identify fathers, but also to increase their involvement in child welfare cases. Some participants value the Bureau’s role in providing guardianship home studies, although some Bureau staff saw it as additional work outside of their caseload. Greater continuity of attorneys in the same case and the six-week trial schedule were also noted as practices that strengthened the court process.

Challenges

The feedback about challenges by legal partners and case managers was the most varied and passionate of any respondents. It was in this area that the perceptions of some members of an organization were most generalized to the entire organization, at least until more specificity was requested.

Many case managers expressed their frustration at what they experienced as disrespect from legal partners, which was manifested by criticizing them in court in front of the families they serve, failing to consider their schedules in scheduling court dates and at times requiring them to wait long periods in court before their case is called. Case managers report that with emergency detention court hearings, workers and children can wait much of the day for a hearing. When questioned, respondents would acknowledge that their strongest frustrations were directed at a small number of legal partners; however, their experiences seemed to color their perspective of much of the legal process. Several seasoned staff and partners, including legal partners, stated that with most judges, the best way to be treated respectfully in court is to ensure that case managers are well-prepared, knowledgeable about the case and performing consistent

with the court's existing orders. It was their opinion that generally competent performance earned respectful treatment. Exceptions to this assumption were also noted.

Many case managers and some legal partners expressed similar frustration at frequent scheduling delays and continuances that they considered delayed permanency unnecessarily. Several legal partners noted that given the volume of cases in the courts, trying to coordinate the schedules of judges, assistant district attorneys, GALs, parent attorneys and case managers makes delays inevitable.

The practice of overloading parents with tasks was also raised by some legal partners, such as parent attorneys and some judges. They believed that progress would be more substantive if plans focused first on the most urgent issues. Several respondents believe that the direction of the assistant district attorneys is fostering this practice. A number of judges commented on the co-occurrence of substance abuse and parental mental illness in a majority of TPR cases, provoking comments that ASFA time frames were not always responsive to the needs of families with these conditions, where relapse is common and change is slow.

One additional issue raised by a cross section of respondents related specifically to the lack of respect for family privacy in the court facilities. Some respondents noted that legal parties and in some cases, caseworkers speak openly about family issues in common areas to the extent that others present can overhear their comments. Some ascribed it to the lack of dedicated areas that permit private conversations while others stated that there are areas for private conversations, but court parties don't utilize them. This prompted several comments about the "culture" of the legal process, meaning considerable informality, communications within informal networks of colleagues long acquainted with each other and the lack of access to the informal network by some. Interviewers had no chance to observe this environment to determine the facts of the issue, but because it was raised by a number of individuals, it is recorded here.

A number of additional issues were raised, although not by a majority of respondents, but which bear reporting. These include the following"

- Multiple case issues can involve several different courts in the same case, which complicates the process for parents.
- The location of the court is not accessible to many of the families served.
- Cases go faster and decisions are more informed when attorneys see families before hearings.
- The time needed for in-depth assessment and good planning is not well-matched to some tight court time frames.
- The role of the assistant attorney in Milwaukee, representing the community instead of the Bureau in child welfare cases (such as is the case in most other jurisdictions) complicates the Bureau's role, which in many cases is as the legal custodian of children in out-of-home care.
- There does not appear to be a fully effective system designed specifically to serve teens with behavioral problems, a responsibility now assigned to the Bureau.

Appendix III

QSR Review Case Characteristics

10/26/2006

QSR/Child Status and Performance Profile - Change of Home Frequency

Number of cases: 24

Milw. Co. Req. 3

Change of Home	Number	Percent
Yes	5	21%
No	8	33%
NA	11	46%
.....	24	100%

10/26/2006

QSR/Child Status and Performance Profile - Planned Moves Frequency

Number of cases: 24

Milw. Co. Req. 3

Print current record only!

Planned Moves	Number	Percent
Placed with relative	0	0%
Placed in a <u>less</u> restrictive environment	2	8%
Placed in a <u>more</u> restrictive environment	1	4%
Placement in adoptive home	0	0%
Placed with siblings	0	0%
Placement due to special needs	0	0%
Not applicable	20	83%
Other	1	4%

10/26/2006

QSR/Child Status and Performance Profile - Planned Moves - Other

Number of cases: 24

Milw. Co. Req. 3

Other - Planned Moves

1. Placement in more permanent foster home

QSR/Child Status and Performance Profile - Unplanned Moves Frequency

Number of cases:24

Milw. Co. Reg. 3

Print current record only!

Unplanned Moves	Number	Percent
Special behavioral needs	4	17%
Criminal behavior	1	4%
Special health needs	0	0%
Safety concerns in home	0	0%
Not applicable	20	83%
Other	1	4%

QSR/Child Status and Performance Profile - Unplanned Moves - Other

Number of cases:24

Milw. Co. Reg. 1 Rev.

Other - Unplanned Moves

1. parents unable to manage child's bed wetting

QSR/Child Status and Performance Profile - Placement Proximity Frequency

Number of cases:24

Milw. Co. Reg. 1 Rev.

Print current record only!

Placement Proximity	Number	Percent
Same community	11	46%
Same county	1	4%
Same state	2	8%
Out-of-state	0	0%
Not applicable	10	42%

QSR/Child Status and Performance Profile - Placement with Siblings Frequency

Number of cases:24

Milw. Co. Reg. 1 Rev.

Print current record only!

Placement with Siblings	Number	Percent
Same home with all siblings	1	4%
Same home with some siblings	3	13%
Different home away from siblings	8	33%
No siblings	1	4%
Not applicable	11	46%

QSR/Child Status and Performance Profile - Warranted Separation Frequency

Number of cases: 24

Milw. Co. Req. 3

Warranted Separation	Number	Percent
Yes	8	33%
No	6	25%
NA	10	42%
.....		
	24	100%

QSR/Child Status and Performance Profile - Placement with Relative Frequency

Number of cases: 24

Milw. Co. Req. 3

Placement with Relative	Number	Percent
Yes	2	8%
No	11	46%
NA	11	46%
.....		
	24	100%

QSR/Child Status and Performance Profile - Efforts in Relative Placement Frequency

Number of cases: 24

Milw. Co. Req. 3

Efforts in Relative Placement	Number	Percent
Yes	11	46%
No	2	8%
NA	11	46%
.....		
	24	100%

QSR/Child Status and Performance Profile - Family Relationships Frequency

Number of cases:24

Milw. Co. Req. 3

Family Relationships <u>Mother</u>	Number	Percent
Good	8	33%
Fair	4	17%
Marginal	2	8%
Poor	3	13%
Adverse	1	4%
Not applicable	6	25%
.....		
	24	100%

QSR/Child Status and Performance Profile - Family Relationships Frequency

Number of cases:24

Milw. Co. Req. 3

Family Relationships <u>Father</u>	Number	Percent
Good	5	21%
Marginal	1	4%
Poor	1	4%
Adverse	6	25%
Not applicable	11	46%
.....		
	24	100%

QSR/Child Status and Performance Profile - Family Relationships Frequency

Number of cases: 24

Milw. Co. Req. 1 Rev.

Family Relationships <u>Siblings</u>	Number	Percent
Optimal	1	4%
Good	7	29%
Fair	1	4%
Marginal	5	21%
Poor	1	4%
Adverse	2	8%
Not applicable	7	29%
.....		
	24	4%

QSR/Child Status and Performance Profile - Family Involvement Frequency

Number of cases: 24

Milw. Co. Req. 1 Rev.

Family Involvement in the Service Process <u>Mother</u>	Number	Percent
Optimal	1	4%
Good	9	38%
Fair	9	38%
Marginal	4	17%
Not applicable	1	4%
.....		
	24	100%

QSR/Child Status and Performance Profile - Family Involvement Frequency

Number of cases: 24

Milw. Co. Req. 3

Family Involvement in the Service Process

<u>Father</u>	Number	Percent
Good	3	13%
Fair	2	8%
Poor	4	17%
Adverse	7	29%
Not applicable	8	33%
.....		
	24	100%

QSR/Child Status and Performance Profile - Family Involvement Frequency

Number of cases: 24

Milw. Co. Req. 3

Family Involvement in the Service Process

<u>Siblings</u>	Number	Percent
Good	3	13%
Fair	1	4%
Poor	3	13%
Not applicable	17	71%
.....		
	24	100%

QSR/Child Status and Performance Profile - Family Involvement Frequency

Number of cases: 24

Milw. Co. Req. 3

Family Involvement in the Service Process

<u>Child</u>	Number	Percent
Good	5	21%
Fair	5	21%
Poor	1	4%
Not applicable	13	54%
.....		
	24	100%

QSR/Child Status and Performance Profile - Worker Visits Frequency

Number of cases: 24

Milw. Co. Req. 1 Rev.

Worker Visits and Relationships

<u>Mother</u>	Number	Percent
Optimal	2	8%
Good	10	42%
Fair	7	29%
Marginal	4	17%
Not applicable	1	4%
.....		
	24	100%

QSR/Child Status and Performance Profile - Worker Visits Frequency

Number of cases: 24

Milw. Co. Req. 3

Worker Visits and Relationships

<u>Father</u>	Number	Percent
Good	3	13%
Fair	2	8%
Poor	3	13%
Adverse	5	21%
Not applicable	11	46%
.....		
	24	100%

QSR/Child Status and Performance Profile - Worker Visits Frequency

Number of cases: 24

Milw. Co. Reg. 1 Rev.

Worker Visits and Relationships**Siblings**

	Number	Percent
Optimal	1	4%
Good	8	33%
Fair	2	8%
Marginal	1	4%
Poor	1	4%
Adverse	1	4%
Not applicable	10	42%
.....		
	24	100%

QSR/Child Status and Performance Profile - Worker Visits Frequency

Number of cases: 24

Milw. Co. Reg. 1 Rev.

Worker Visits and Relationships**Child**

	Number	Percent
Optimal	1	4%
Good	12	50%
Fair	7	29%
Marginal	1	4%
Not applicable	3	13%
.....		
	24	100%